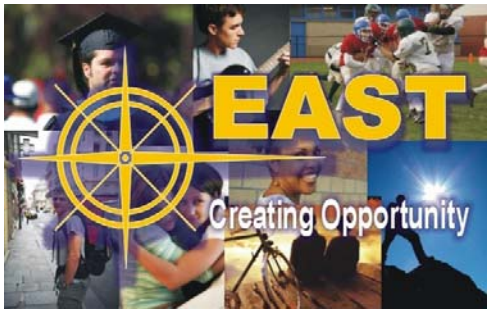
Identification and Treatment of Psychosis: What Referents Need to Know



Adapted for the Early Assessment and Support Team (EAST)
from the original version created by
Portland Identification and Referral (PIER)
April 2005

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The original form of this booklet was prepared by the Portland Identification and Early Referral (PIER) team in July 2001 and updated in 2004. A significant portion of the text was drawn from materials by William McFarlane, MD, with major contributions and editing from Kristen Woodberry, LCSW, Donna Downing, MS, OTR/L, James Maier, MD, Douglas Robbins, MD, and Mary Murphy. Many others in the Portland community added thoughtful input and editing, in particular, Janice Charek, Kate Chichester, Elizabeth Maier, and Deb Allen. Thank you to everyone.

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We especially want to thank the many young people and their families who have had the courage to share their experiences, which has taught us most of what we know!

Thank you for taking the time to read this booklet! You are participating in a very important effort.

We recognize the central role that professionals have in identifying young people at risk for psychotic illness and referring them to appropriate services. The purpose of this booklet is to support your role in prevention and early intervention by providing information on the early signs of psychosis and offering guidelines for making referrals.

This booklet is written as a resource so that you can refer to specific sections according to your clinical training and particular questions, but we do encourage you to read the entire booklet. The Early Assessment and Support Team (EAST) is available for consultation, screening, and treatment of young people who have developed a psychosis. Included in this booklet is information about the EAST Program, and what families can expect if referred to us.

Introduction to the EAST Program

The mission of EAST is to reduce the long-term disability of people experiencing psychosis.

This is accomplished through:

- **Early identification** of young people showing early signs of psychosis.
- **Reduction of barriers** to treatment—in particular, reduction of stigma about mental illness and education to alter false beliefs about psychosis.
- **Clinical service** to engage, provide treatment, and offer support to people and their families when they are identified.
- **System improvement.** EAST is provided through a network of community mental health settings which are committed to integrating evidence-based best practices. One of the roles of EAST is to make those practices available at the earliest point possible.

EAST is funded by Oregon Health Plan, private insurance, foundations, and individual donations. It identifies young people in five Oregon counties: Linn, Marion, Polk, Tillamook and Yamhill, who have developed the early signs of psychosis. These illnesses seldom appear "out of the blue". Most commonly, they develop gradually over months or years. Because symptoms often worsen and become entrenched over time, **treatment is generally most effective and benign in the earliest stages of illness**. **Delays in treatment are associated with a slower and less complete recovery**. A long duration of untreated psychotic symptoms, unfortunately the case in most parts of the world, appears to contribute to a poorer prognosis and reduced effectiveness of treatment.

Many clinicians, researchers, and relatives speak of psychotic illness as a tragedy with devastating impact. They may consider the only hope to be the discovery of a cure. While it is true that people experiencing psychosis and those who love them often suffer greatly, there is sufficient knowledge and skill already available to provide excellent care across all the phases of illness. This treatment builds on the resiliency,

courage, and talents of people whose uniqueness might otherwise be overwhelmed by mental illness. Treatment is intended to preserve the personality and strengths of each person affected, as well as reduce the burden of stress on families.

Early recognition and treatment of psychotic disorders is one important way of preventing or minimizing disability and reducing the considerable personal, social and economic strain these disorders produce in our community. Early treatment may reduce the risk of relapse and dose of medication required. In addition, early treatment offers the best chance for normal progress in school, work, and in the development of social connections.

For all these reasons, professionals working with youth and young adults have a crucial role to play in ensuring that early identification and intervention occurs for every young person at risk in Oregon!

In fact, we believe we can't do it without you!

Understanding Psychosis

What is psychosis?

Psychosis refers to changes in the brain that interfere with the person's experience of their world. Characteristic symptoms are:

- ***hallucinations:*** hearing voices or seeing visions
- ***delusions:*** false beliefs or marked irrational suspicions of others
- ***confused thinking:*** jumbled thoughts or speech, difficulty concentrating

People who have any of the above symptoms are identified as experiencing psychosis. In addition to the above symptoms they also commonly experience:

- ✓ social withdrawal
- ✓ disrupted sleep patterns
- ✓ mood swings
- ✓ decreased motivation
- ✓ pervasive anxiety
- ✓ an inability to enjoy activities
- ✓ odd, unusual behaviors
- ✓ changes in appetite and eating

Occasionally, people experiencing psychosis have suicidal and/or homicidal impulses. Fortunately, the latter is uncommon, despite many myths to the contrary.

Typically, psychotic illnesses first emerge in late adolescence or early adulthood and are very distressing for young people and their families. Approximately 3 out of every 100 people will experience a psychotic episode, making psychosis more common than Type 1 Diabetes. With treatment, most people make a full recovery from a psychotic episode.

What you should know about psychosis

- Symptoms of psychosis are treatable. Full recovery from a first episode of psychosis is common.
- The main characteristic of psychosis is a heightened sensitivity. This includes sensitivity to:
    - ✓ incoming sensory information (sights, sounds, smells, touch, movement)
    - ✓ prolonged stress and strenuous demands
    - ✓ rapid change in expectations, events, or routines
    - ✓ complexity of situation (a lot going on at once)
    - ✓ social disruption
    - ✓ illicit drugs and alcohol
    - ✓ criticism or lack of warmth
- It's no one's fault – neither the symptomatic person nor the family is to blame for this sensitivity.
- Symptoms of psychosis should not be ignored because the longer they exist, the less chance there is for effective treatment and complete recovery.
- The early experience of psychosis can be extremely confusing and traumatic for both the young person and his/her family. Symptoms can cause considerable distress and disruption to their lives.
- Psychosocial interventions can be very effective. These are aimed at reducing stress and stimulation and teaching coping strategies for both the individual and family.
- Treatment requires a comprehensive biopsychosocial approach and a range of specialized treatments that address not only the specific symptoms, but also the impact of these symptoms on the person and his or her family.

What causes psychosis?

Increasingly strong evidence exists that schizophrenia and other illnesses producing psychotic symptoms are serious and complex disorders triggered by psychosocial stresses, but caused in large part by a host of biological events or disorders. These include genetics, fetal viral infection, birth complications, paternal age, RH incompatibility, infant or early childhood head injury, and autoimmune disorders. This evidence supports the view of psychotic illnesses as real neurological and/or developmental disorders.

The information presented here is relatively new and still the subject of active ongoing research. Importantly, few findings apply to every person with psychosis.

The Attention-Arousal Model

One area that has been given a lot of study, and which families and professionals have found very useful in understanding psychosis, is the connection between attention and arousal. When the amount of complexity, stimulation, or information in the environment increases, we adapt by becoming more aroused. This helps us increase our attention to better handle the situation. However, if arousal increases too much, our ability to pay attention and handle distraction actually decreases. Most of us can manage this by calming ourselves and narrowing our attention again. This decreases arousal, screens out excessive stimulation, and maintains our ability to cope effectively.

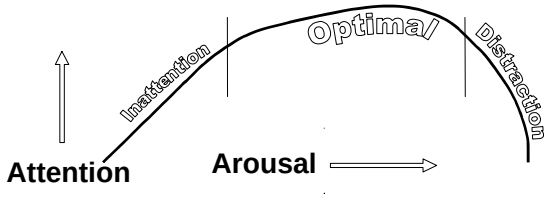
For someone in a psychotic state, this ability to regulate arousal seems to be impaired. As a complicated situation produces excessive arousal and escalating anxiety, the individual becomes increasingly distracted, aroused, and frightened. He or she progressively loses control over the ability to think and handle social situations appropriately.

In order to control distractibility, some individuals will overly constrict their attention—that is, focus on a small, irrelevant detail as a way to

gain control and decrease their arousal. Unfortunately, this keeps them from being able to think through problems or to see the whole picture.

What can be helpful to people with psychosis is a reduction in stimulation and complexity. Hospital psychiatric units were once designed to be rather quiet, unstimulating places to allow people with psychotic disorders to regain some control of their thoughts. **Even though psychosis is a disorder of the brain, the environment heavily influences it**.

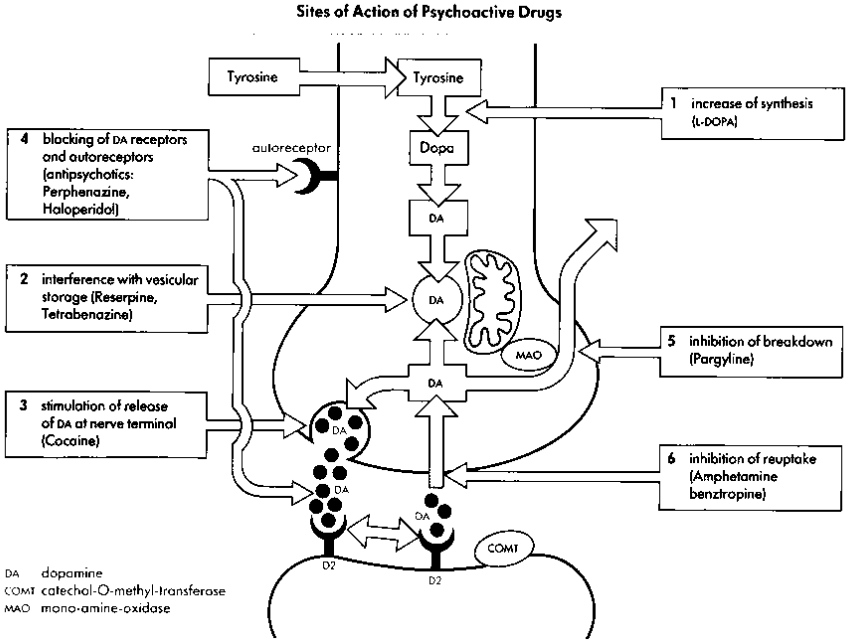
Interaction of attention and arousal



What you need to know about how the brain works

The brain consists of approximately one hundred billion cells called neurons. They are linked a little bit like electrical circuits. They communicate through impulses transmitted by "*chemical messengers"* called neurotransmitters. The impulse involves electrical changes along the membranes of the sending and receiving cells. A neurotransmitter molecule is released by one neuron, travels across the gap, or synapse, between neurons, and is received by receptors on the next neuron, and so

on. This diagram shows how the brain's neural activity works within the cell.



There are many different kinds of neurotransmitters; at least 50 are presently known, but the best known of those involved with psychosis is called *dopamine*. It has an important role in activation and control of the parts of the brain affected by psychosis. If there is too much dopamine being released or building up in the synapses, it will over-stimulate the cell and the general level of electrical activity in the key neurons will be too high. Such overstimulation in the limbic system can lead to emotional overarousal, excitement, and confusion. On the other hand, an inadequate amount of stimulation

in the frontal cortex can impair thinking, judgment, and logical action.

How antipsychotic medication works

When antipsychotic medication is given by mouth, or sometimes in emergency situations by injection, it enters the bloodstream, travels to the brain and modifies the chemistry in the synapse. The medication begins to block receptors for dopamine, thus lessening its overstimulating effects. This begins to tone everything down, allowing the brain to function appropriately. Some people worry that these medications are like tranquilizers, but they are not tranquilizers and have little to do with direct reduction of anxiety.

Studies show that drugs which reduce psychotic symptoms also improve attention and filtering, and reduce arousal. So although environmental stimuli may trigger the psychotic process, medication can be very helpful in allowing the brain and the person to regain stability and improve an individual's resistance to stress or overstimulation.

The internal experience of psychosis

At first:
People experiencing psychosis often report that their minds are playing small tricks on them. It is difficult to screen out distracting information and sensations, and to attend to what is important. However, individuals can stay focused with greater effort, and can usually dismiss or reject thoughts that they recognize are irrational.

Then:
Visual experiences may become brighter or distorted in color, shape, or size. Soft or brief sounds may seem loud, and irrelevant background noise distracting. The individual experiences an increase in both quantity and quality of sensations. There is a sense of feeling overloaded with jumbled memories, thoughts, and stimulation from the environment.

As symptoms of psychosis progress:
It becomes harder to concentrate on a book or conversation, or to carry on a conversation that would make sense to another person. It becomes increasingly difficult to separate out internal thoughts from external perceptions. For instance, upon hearing a noise outside while one is thinking about an event that occurred yesterday, the sound registers as something that happened yesterday. Irrational thoughts or beliefs may be accepted as reality, and may become fixed and resistant to logical evidence to the contrary.

Finally:
A person experiencing a full-blown psychosis loses control over willed action and experiences a disconnection from his or her own actions, as well as an inability to follow through on a thought or action.

It is easy to imagine that a person experiencing psychosis would be very anxious, even panicky, and make serious errors in relating to the world. For instance, a person might see a stranger while walking down the street, but in his confusion, perceive this person to be someone he knows. He might begin to think that this person is almost everywhere and is following him. In an extreme state, this would become quite frightening. The person would miss more subtle cues that would correct his distortions; consequently, he would become completely out of touch with the social reality around him.

What others may observe

At first:
Others, especially family members, may notice that their loved one starts to think and act oddly or differently, but may not know just what is wrong.

Then:
As the person's level of functioning declines and symptoms become more obvious, it is harder to rationalize or explain away the unsettling realization that something is markedly wrong. The prepsychotic or

"prodromal" symptoms listed in this booklet may persist for weeks or months unchanged, but generally intensify and become more obvious as the individual becomes overtly psychotic.

As prodromal symptoms progress:
The person may have trouble expressing opinions or thoughts because he cannot concentrate for any length of time. In talking to a professional, a young person may express a general sense of feeling stressed or different from peers in some way, or having trouble coping. His speech may be vague and he may have odd ideas. Initial complaints to professionals often focus on somatic, or physical, symptoms, particularly sleep disturbance.

With time:
Due to increased perceptual oversensitivity, individuals experiencing early symptoms tend to want to be by themselves and avoid social contact. They may also be less expressive or spontaneous because they are actually experiencing less feeling and often a sense of deadness. It is important to recognize that a person's talking less or showing little motivation is actually part of an illness process. He is not just being lazy or rude, but may in fact be experiencing "negative symptoms," which can mimic depression or oppositional behavior. Small critical comments or subtle looks can sometimes send these individuals into extreme states of self-doubt or irritability. They may be less comfortable to be with, and as they are aware of this, may become demoralized and depressed. In addition, they may be guarded and try to conceal their difficulties, especially from professionals.

Finally:
As symptoms become more serious, a person's speech may seem fragmented or even incoherent. He may seem very suspicious and express bizarre ideas that can develop into whole belief systems that are out of line with everyone else's beliefs. Examples of this are a conviction that someone is reading his mind, that someone is controlling his thoughts with wires into his head, that others can hear his thoughts as if they were spoken out loud, or that someone is inserting thoughts into

his head. The individual is most likely desperately trying to make sense of his experience or thinking, but is reaching distorted and inaccurate conclusions.

The family's experience

Family members who are living with someone with a psychotic illness or prepsychotic symptoms may be quite frightened or frustrated. They have recognized a concerning change in their loved one's behavior and may be unsure of what is going on. If they suspect a mental illness, they may be afraid to have their suspicions confirmed; their child or sibling may remind them of a family member with serious mental illness. They may feel ashamed or be afraid it is their fault. The professional working with them may need to be particularly encouraging and supportive. Most importantly, professionals need to listen to the family's experience and concerns.

Often, families and friends ask how they should behave and talk to a person who is psychotic or showing early signs of a psychotic illness. There are no set rules, but some general guidelines are helpful:

1. Be yourself. It's not your fault!
2. Gain information to help you understand that the person may be behaving and talking very differently due to his illness.
3. Try not to take it personally if a person says hurtful words to you when he is unwell. Minimize arguments or long discussions.
4. Reduce stressors. Tone down emotions. Research shows that keeping the emotional atmosphere as calm as possible can aid recovery and act as protection from relapse.
5. Communicate simply and clearly.
6. Solve problems step-by-step.
7. Ask for help from experienced professionals if you have questions.
8. Don't ignore violence or risk of suicide.

Recognizing Prodromal Psychosis

The **Prodromal Phase** encompasses the period of early symptoms or changes in functioning which precede psychosis. It is the pre-illness period. Symptoms during this phase may be quite obvious or hardly noticeable. They can occur over a matter of days or months.

Common prodromal signs or symptoms can include the following, and it is important to note that ***a combination of symptoms rather than any one symptom*** would suggest a possible prodromal phase:

- Social withdrawal
- A marked drop in functioning
- Uncharacteristic, peculiar behavior
- Increasing difficulty with concentration
- Heightened sensitivity to sights, sounds, smells or touch
- Loss of motivation or energy to participate in any activity
- Dramatic sleep and appetite changes
- Suspiciousness of others
- Unusual or exaggerated beliefs about personal powers or influences

Individuals who are at risk of psychosis

Psychosis can affect individuals of any race, religion, or income. **It is <u>not</u> the result of personal weakness, lack of character, or poor upbringing, despite many stigmatizing beliefs that this is the case**. The development of a psychotic disorder appears to relate to a specific vulnerability. The major causes of this vulnerability are biological, but the development of a psychotic syndrome is influenced by both biological and environmental stressors. It can be caused by certain medical conditions as well.

The risk factors currently identified by international research are:

- Age: adolescence or early adulthood (to age 30).
- Family history of a psychotic disorder such as schizophrenia or bipolar disorder—particularly in a close or immediate relative (parent or sibling).
- A history of difficulty making friends, along with unusual thoughts and odd or eccentric behaviors (schizotypal personality disorder).
- A marked change in behavior, emotions, or thinking for a month or more, especially when accompanied by social withdrawal and deterioration in school or work performance.
- Sub-threshold psychotic symptoms that include suspiciousness or irrational (delusional) thinking, sporadic or fleeting hallucinations, and/or confused, disorganized communication that may wander off topic easily.

Young people presenting most of these features may be at high risk for experiencing an acute psychotic episode.

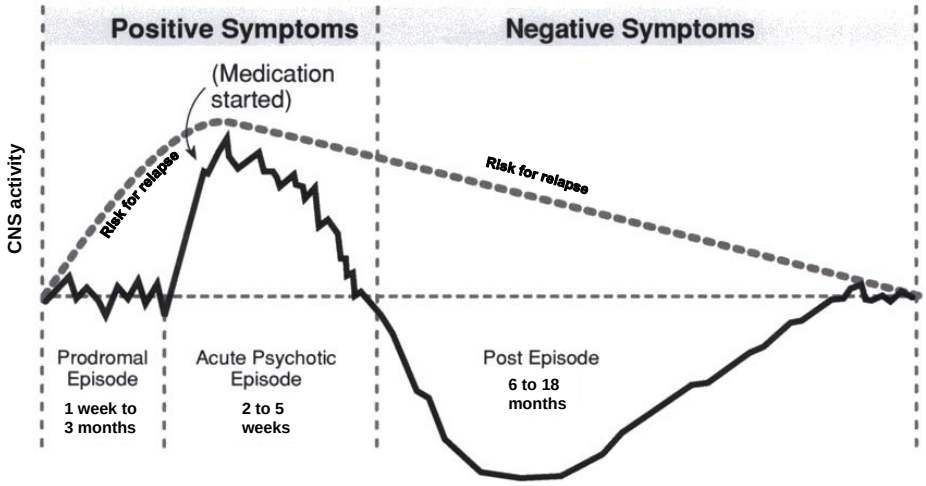
Course of onset and illness

We view psychosis as occurring within the context of an illness process during which the overt psychotic symptoms may be obvious in just one phase. The typical course of an initial psychotic episode can be conceptualized as occurring in three phases. These are:

1. **the prodromal phase**
2. **the acute phase**
3. **the recovery phase**

Psychotic disorders rarely emerge fully developed.

Typical Course of Psychotic Episode



The **Acute Phase** is marked by the appearance of clear-cut, persistent, psychotic symptoms such as hallucinations, delusions, or markedly confused thinking. These are called "positive" symptoms, not because they are in any way beneficial or pleasant, but because they are *added on* by the psychotic state and not present in normal mental functioning. The acute phase typically lasts until stressors are adequately reduced or treatment is initiated. The treatment of positive symptoms usually requires appropriate antipsychotic medication.

Antipsychotic medications may require at least a few days or a week to take effect, so patience and a gradual increase in dosage may be required if symptoms are slow to resolve. "Negative" symptoms might be present and are so designated because they imply the absence of usual behaviors. Common negative symptoms are social withdrawal, diminished motivation and energy, and constricted emotional responsiveness. They may persist longer than positive symptoms, and can be quite distressing and disruptive. Newer medications target these symptoms as well, but these symptoms can appear **before** and persist for long periods even **after** positive symptoms are eliminated.

Researchers in the area of early intervention in schizophrenia and other psychotic illnesses are paying more attention to cognitive symptoms, which can include impairment of short term or working memory, slowed thinking, impairments in expressing thoughts, and other difficulties that can hinder academic or work productivity. Some medications may turn out to be helpful with these symptoms but there is no hard evidence.

The **Recovery Phase** varies from person to person, but with available treatments, the great majority of people recover well (sometimes fully) from their initial episode of psychosis. The process is dynamic and affected by a number of factors. These include: the treatment environment; medication, psychological, and/or psychosocial therapies; factors within the person; and factors within the person's family and social environment. There is general agreement in the field that the recovery period can take 12 to 24 months, even though the more dramatic psychotic symptoms may be alleviated quite rapidly. The negative symptoms take longer to diminish and a person's tolerance for stress and readiness for rehabilitation increases only very gradually.

Recognizing the early signs of psychosis

The behaviors listed earlier may be due to any number of problems or a reaction to stressful events. On the other hand, they may be early warning signs of a developing psychosis. It is important that they are assessed by a qualified professional.

How do I know it's not just a phase?

It can be very difficult to determine whether symptoms are temporary and might disappear with time or more effective coping strategies, or whether professional help is indicated. Here are some guidelines in assessing this situation. If you are in doubt, don't hesitate to consult with EAST.

1) If a person responds to a known stressor with increased irritability, tearfulness, anger, self-involvement, or withdrawal, these behaviors may very well be temporary and a normal coping response. Stressors could be the break-up of a relationship, failing an exam, the death of a loved one, illness, a family crisis, or a move. If the behaviors extend longer than a few weeks, *or seem out of proportion to the situational stressor*, a professional should be consulted. This young person needs assessment and monitoring.
2) If a person shows rather sudden changes that are out of character or bizarre, he should receive professional attention as soon as possible. Examples would be fear of leaving the house; extreme preoccupation with a particular theme (e.g., politics, religion, death); a dramatic drop in school or work performance; or significant changes in concentration, memory, or emotional response.
3) **Symptoms that are definite indications for immediate attention**:
    - suicidal thoughts
    - a dramatic change in sleep or appetite
    - hearing voices that no one else hears
    - seeing things that no one else sees
    - believing without reason that others are plotting against him
    - believing that he has special powers or is being directed by the devil or TV
    - extreme fright in situations that do not warrant this

- extreme and unreasonable resentments or grudges
- garbled speech or writing

Reducing delays to treatment improves the prognosis

Even though our knowledge of psychiatric illnesses has gotten better in recent years, we know that many people struggle with symptoms without seeking help for a variety of reasons:

1. Thinking symptoms are transient and will pass.
2. Feeling embarrassed about seeking a professional's help due to fear of what others may think.
3. Feeling uncertain about what is happening or where to go for help.
4. Not wanting to believe there are problems.
5. Being afraid of how life will change if a professional suggests that a potentially serious mental illness is causing the symptoms.

Unfortunately, the longer a person waits to seek help, the more serious the problem can become.

Delayed treatment can result in:

- Disruption of psychological and social development
- Strain on relationships or loss of family and social supports
- Disruption of parenting role in young parents
- Distress and increased psychological problems for the individual and family
- Disruption of education
- Disruption of employment
- Slower or less complete recovery
- Poorer prognosis
- Depression and suicide
- Substance abuse
- Hospitalization
- Incarceration

- Possible long-term damage to brain and cognitive functioning
- Increased costs to the community

Early identification and treatment can result in:

- Preservation of brain function
- Preservation of psychosocial skills
- Reduced morbidity
- Decreased need for hospitalization
- Preservation of family and social supports
- More rapid recovery
- Better prognosis
- Possibly less need for medication

Like many other illnesses, psychiatric illnesses are easier to treat when discovered and treated early**.** As these lists highlight, early treatment may make hospitalizations unnecessary and allow a person to continue in school or work while in treatment, thus reducing disruption of normal developmental tasks and warding off secondary problems such as substance abuse, unemployment, self-harm or suicide. Medication, if needed at all, may be effective in very low doses in the early phases, which can reduce side effects and increase medication compliance. This can be critical to recovery, as we know that omitting or quitting needed medication is a major contributor to relapse.

The role of the professional

Although the presentation of a developing first-episode psychosis happens infrequently in an office practice, school, or agency, professionals in these settings still have a crucial role to play:

1. You may be the *first contact* for the majority of individuals and families seeking help with their growing concerns, whether they are physical or psychological.

2. You may also be the *only person in a position to correctly identify* the warning signs of impending psychosis and direct people to the appropriate care in time to prevent a serious illness. Individuals experiencing early symptoms may be particularly guarded and may attempt to conceal their difficulties. You may need to provide reassurance and gentle persistence. Focusing on the specific concerns of the person and family, and asking for their perspectives, may help elicit more information.

Remember that a person experiencing early symptoms of psychosis may have trouble expressing opinions or conclusions because he is having trouble thinking about anything long enough to do this. His speech may be vague and hard to follow. When talking to a professional, a young person may express a general sense of feeling stressed or may only say he's "having trouble coping." Maintain a high degree of suspicion when you hear this, particularly if the young person has a history of persistent psychological difficulties, a drop in functioning, or a family history of significant psychiatric problems. Also remember that initial complaints to professionals often focus on somatic or physical symptoms, particularly sleep disturbance.

Professionals, family members, or young people themselves often report having a sense that "something's not quite right" or a feeling of foreboding. Pay attention to this if you experience it! Prodromal symptoms by their very nature can be subtle, changeable from day to day, and hard to elicit. Don't hesitate to call the EAST program if you are unsure whether prodromal symptoms are present. Our screening process can help in determining whether there is reason for concern.

Don't forget the important role and needs of the family. They may have key information about changes they have observed. They may also be quite distressed and unsure of what is happening. Remind families that the focus on their symptomatic young person can leave siblings feeling confused, ignored, scared or angry. It is important to continue to pay attention to the emotional needs of the siblings as the referral process goes forward.

If the individual or family is not responding adequately to your concerns or is not willing for you to make a referral, you can **call EAST** for support and suggestions without giving any identifying information. In any event, don't give up your efforts to engage the young person and family, because early intervention can help arrest, or at least attenuate, the course of a serious and potentially life-long disabling illness.

Guidelines for preliminary assessments of early signs

The following suggestions are offered to professionals with some training who may wish to do their own initial screening. However, **this screening is not necessary before calling EAST**.

1. It is important to establish rapport and initial trust, particularly if a person is fearful or anxious. Individuals have expressed fear about reporting psychotic symptoms to professionals, sometimes because they are hearing voices commanding or threatening them not to tell. They may feel reassured when a professional calmly asks about specific symptoms, past psychiatric and medical history, and family and personal history.
2. At the same time, the interview must allow the person to express his problems in his own words. You are trying to obtain a picture of the person, problems, and social situation. You are balancing the establishment of rapport, assessment, and assistance.
3. Specific areas that you need to review include psychotic and any prodromal symptoms, substance abuse, suicide risk, and risk for violence toward others.
4. Discuss your impressions and plan with the young person and, if possible, with the family. Sometimes you will need to negotiate the next step carefully so that the young person will experience sufficient respect and confidence to proceed with a referral to appropriate care.
5. Consider using more than one session for this process if appropriate. The severity of symptoms and your own level of training and experience will influence the time needed.

6. Do not be reluctant to contact a person who does not show up for an appointment.
7. Do not hesitate to consult with EAST staff about managing this early assessment and referral process.
8. It is important to include collateral information from family members or others interacting with the young person. Permission to speak with family must be obtained if the person is 18 or older. Explain the need for further information in order to provide the most appropriate help. Stress that the goal is obtaining information rather than sharing it, though it is helpful to also get permission to share concerns with the family. This would be particularly important if paranoid ideas or symptoms are present.
9. If the person is clearly psychotic and at risk, it may be necessary to involve family members and professionals without their permission. In this case, a psychiatric evaluation is needed in a very timely manner, possibly by crisis staff or at the local emergency room. Crisis telephone numbers are listed at the end of this booklet. Outpatient or partial hospitalization services can often avert the need for inpatient hospitalization (or other intensive treatments), decreasing complications and avoiding unnecessary trauma.
10. Hospitalization may be needed for proper medical and psychiatric assessment, to manage risks to a person's health and safety, or for the protection of others. If there are insufficient supports for outpatient or community treatment, or high levels of stress in the home environment, hospitalization may be the only way to stabilize the situation and initiate treatment.
11. If there is no clear evidence of psychotic symptoms, but you suspect an emerging psychosis, contact EAST and closely monitor the individual.
12. It is important to realize that making a clear diagnosis may be quite difficult and often premature, as the true nature of a psychotic illness may emerge only over time and with continuing observation.

Diagnosis and testing

The diagnosis of psychotic symptomss is made from observations, a psychiatric interview, history-taking, and collateral information from family or concerned others. There is no specific lab test for diagnosing psychosis but physicians are encouraged to consider the following in their assessments:

As part of a thorough assessment process, it is important to receive a complete physical exam. EAST recommend that the following laboratory and imaging tests be done on each person with a new psychosis. These tests will assist us all in clarifying the diagnosis and preparing for pharmacological treatment:

- CBC with differential
- Chemistry panel (with liver enzymes, electrolytes, BUN, Cr, calcium)
- Urine drug screen
- Urinalysis, with microscopy
- B-12 and folate
- Thyroid screen (TSH, T4)
- MRI or CT

For people on antipsychotic medicines, baseline and ongoing screening/monitoring (every 6 months-1 year) should occur for weight, glucose level, cholesterol and triglycerides.

Patients with a higher level of risk due to history may require additional monitoring. Examples of conditions warranting additional monitoring: neurological conditions, diabetes, heart disease, liver problems. For people on Clozaril/Clozapine, ongoing monitoring of white blood cell counts for agranulocytosis is required.

In addition, psychological testing or neuropsychological testing may be suggested in clarifying a possible diagnosis, especially in the early stages.

Intervention strategies

The EAST Program encourages individuals who are experiencing symptoms to seek help early because research shows there is a greater chance of getting well with early intervention.

When a person is referred to EAST, a phone screen determines the need for further assessment. If the person is in a current crisis, they are connected to their local crisis team. If there are possible signs of psychosis, an initial meeting is arranged which will involve both the young person and family. At that time, consent forms are signed and the program explained. If the young person and/or family wish to proceed, EAST will complete an assessment and make a recommendation about need for ongoing treatment. The assessment process looks at symptoms, history, and a range of needs and strengths. A physical exam (conducted by the primary care physician) and substance abuse screening are routine parts of the assessment process. EAST staff often meet people in their homes. The psychiatrist usually meets them at the office, but in circumstances where the person is unwilling or unable to leave the home, EAST psychiatric staff will usually go to the home. If the person is appropriate for EAST, EAST will provide services for up to two years. EAST can work with existing providers either in a consultative manner or as an adjunct to services.

If a young person meets the criteria for EAST, he/she is assigned a psychiatrist or psychiatric nurse and a "lead clinician"- a social worker or counselor who will take the lead in developing the supports and treatment the young person and family need.

Treatment might include a combination of the following:

- Crisis intervention and stabilization.
- Environmental accommodations to reduce stress at home, school, or work.
- Individual or family psychoeducation and support to help reduce blame, guilt, and a sense of helplessness.

- Counseling for the individual to teach coping skills, promote adjustment to the illness, and support protective measures.
- Substance abuse counseling and support.
- Collaboration with school personnel or employers to develop strategies for a successful return to those environments.
- A low-dose medication regime to control the most troubling symptoms so the individual can think more clearly and cope with daily life. This regimen is developed with a psychiatrist.
- Occupational therapy to further clarify diagnosis and specific functioning.

International research has shown that focusing on the needs of the individual and his or her family is extremely helpful and causes the least disruption. Early help can mean avoiding hospitalization, which significantly reduces stress for all involved parties.

How to contact EAST

The EAST team is available to help those experiencing symptoms, their family or friends, and professionals working with them. We can help determine whether a referral is appropriate and give advice about how to best engage or support a young person and family in the referral or treatment process.

The EAST Program has staff in Marion, Polk, Linn, Yamhill and Tillamook Counties, and is staffed by psychiatrists, psychiatric nurses, psychologists, social workers, and occupational therapists and employment specialists. Staff is available to travel to a home, school, office, or other location as needed. However, EAST is not a 24-hour crisis service. If assistance is urgently required on weekends or after hours, we encourage referrers to contact the local crisis Service.

To call EAST toll-free:

1-888-315-6822 and leave a message; or call 503-931-0785

If you need immediate assistance on weekends or after hours call the Psychiatric Crisis Center at 1-503-4949. This will connect you to the crisis service for your area.

APPENDIX

Resources

The EAST Program maintains a small library of books, articles, and videos that we gladly loan to people for educational purposes.

The National Alliance for the Mentally Ill—Oregon (NAMI- OR) has a wealth of materials and library listings. You can access them through the www.nami.org or (800) 343-6264.

Northwest Human Services Helpline offers information about a variety of services in the community including case management, crisis services, housing, and employment assistance. They can be reached at 503-588-5535.

Recommended Readings (from PIER)

Case Management in Early Psychosis: A Handbook. 2001. Melbourne: EPPIC.

Duzyurek, Sinan, M.D. and Jerry M. Wiener, M.D. Early recognition in schizophrenia: the prodromal stages. *Journal of Practical Psychiatry and Behavioral Health.* July 1999. 187-196.

Edwards, Jane, John Cocks and James Bott. Preventive case management in first-episode psychosis. In McGorry, P.D. and H.J. Jackson (eds.) Recognition *and Management of Early Psychosis: A Preventive Approach*. New York: Cambridge University Press. 1999. 308-337.

Edwards, J. & McGorry, P. "Implementing Early Intervention in Psychosis: A guide to establishing early psychosis services" 2002. Trowbridge: The Cronwell Press.

Harding, Courtenay M. and James H. Zahniser. Empirical correction of seven myths about schizophrenia with implications for treatment. *Acta Psychiatrica Scandinavica*. 1994. 90 (suppl. 384): 140-146.

Hatfield, Agnes B., Ph.D. The family as partner in the treatment of mental illness. *Hospital and Community Psychiatry*. May 1979. 30 (5): 338-340.

Herz, Marvin, M.D. Early intervention in different phases of schizophrenia. *Journal of Practical Psychology and Behavioral Health*. July 1999. 197-208.

Jackson, Henry J., Patrick D. McGorry, and Paul Dudgeon. Prodromal symptoms of schizophrenia in first-episode psychosis: prevalence and specificity. *Comprehensive Psychiatry*. July-August 1995. 36 (4): 241-250.

Jamison, Kay Redfield. *An Unquiet Mind: A Memoir of Moods and Madness.* 1996. New York: Vintage Books.

Klosterkötter, Joachim, M.D.; Martin Hellmich, S.M.D.; Echard M. Steinmeyer, Ph.D.; and Frauke Schultze-Lutter, M.Sc. Diagnosing schizophrenia in the initial prodromal phase. *Archives of General Psychiatry*. 2001. 58 (February): 158-164.

McFarlane, William R., M.D. Family-based treatment in prodromal and first episode psychosis. In Miller et al. (eds.), *Early Intervention in Psychotic Disorders.* 2001. Dordrecht, The Netherlands: Kluwer Academic Publishers.

McGlashan, Thomas H. Early detection and intervention in schizophrenia: research. *Schizophrenia Bulletin*. 1996. 22 (2): 327-345.

Miller, Tandy, Sarnoff A. Mednick, Thomas H. McGlashan, Jan Libiger and Jan Olav Johannessen (eds.). *Early Intervention in Psychotic Disorders*. 2001. Dordrecht, The Netherlands: Kluwer Academic Publishers.

Møller, Paul and Ragnhild Husby. The initial prodrome in schizophrenia: searching for naturalistic core dimensions of experience and behavior. *Schizophrenia Bulletin*. 2000. 26 (1): 217-232.

Mueser, Kim T. and Gingerich, Susan. *Coping with Schizophrenia: A Guide for Families.* 1994. Oakland, CA: New Harbinger Publications.

Schiller, Lori and Amanda Bennett. *The Quiet Room: A Journey Out of the Torment of Madness.* 1994. New York: Warner Books.

Torrey, E. Fuller, M.D. *Surviving Schizophrenia: A Manual for Families, Consumers and Providers.* (Third edition.) 1995. New York: HarperCollins.

Yung, Alison R., Patrick D. McGorry, Colleen A. McFarlane, and George C. Patton. The PACE Clinic: Development of a clinical service for young people at high risk of psychosis. *Australasian Psychiatry.* 1996. 3: 345-351.

Recommended Websites (from PIER)

Early Intervention with Psychosis:
http://www.iepa.org.au - International Early Psychosis Association
http://www.pepp.ca - London, Ontario Early Episode Program
http:www.getontop.org

NAMI:
http://me.nami.org/
http://www.nami.org/
http://www.nami.org/helpline/peoplew.htm - well-known people with mental illnesses

Government:
http://www.nimh.nih.gov/
http://www.nimh.nih.gov/publicat/childmenu.cfm
http://www.nimh.nih.gov/events/earlyrecognition.cfm
http://www.samhsa.gov

Specific Mental Illness Sites:
http://www.schizophrenia.com/
http://www.mhsource.com/bipolar - set up by Abbot Pharmaceuticals
http://www.psych.org - the American Psychiatric Association's website
http://www.medem.com - contains peer-researched reliable information about psychiatric topics
http://www.medscape.com
http://www.mentalhealth.org/
http://www.mentalhealth.org/stigma
http://www.copewithlife.com - more of a self-help website for depression
http://www.nostigma.org/
http://www.aacap.org
http://www.teenanswer.org
http://www.adolpsych.org
http://mentalhealth.org/child/
http://ffcmh.org
http://www.DBSAliance.org
http://med.jhu.edu/drada
http://autism-society.org
http://www.mentalhealthpractices.org
http://www.getontop.org

Schools and Mental Health:
http://csmha.umaryland.edu/ - Center for School Mental Health Assistance

Maine:
http://www.maineteenhealth.org/home.htm - ME Council for Adolescent Health
http://www.state.me.us/education/speced/specserv.htm - Special Ed web site - Maine Department of Education

Glossary of disorders with psychosis

Everyone's experience of psychosis is different, so attaching a specific name or label to the psychotic illness is not always useful or accurate in the early stages. At the same time, this uncertainty can create a great deal of anxiety and frustration for young people and their families and should be addressed in a manner that can help them best cope.

Drug-induced Psychosis:

Psychosis may result during intoxication with or during withdrawal from a wide variety of substances, including known substances of abuse, prescribed and over-the-counter medications, and toxins. Hallucinogenic drugs and stimulants (LSD, Ecstacy, "Angel Dust,"or phencyclidine, cocaine and many others) are especially likely to cause psychosis in vulnerable young persons. Sometimes a psychosis can develop with withdrawal from one or more drugs. In some cases, psychotic symptoms may persist after the substance is no longer present. A history of substance use, physical examination, and a blood or urine toxicology evaluation often clarify this etiology of psychosis.

Organic Psychosis:

Many medical illnesses affect the nervous system and may cause psychosis. Examples include central nervous system infections or tumors, hepatic or renal failure, and thyroid and other endocrine disorders. These psychoses are often characterized by visual or olfactory hallucinations rather than auditory hallucinations. They may or may not be associated with delirium, i.e. fluctuating levels of consciousness and disturbances of memory (especially short-term).

Brief Psychotic Disorder:

All the symptoms of psychosis may be present – disorganized thought and speech, delusions, or hallucinations – but the disturbance is time-limited, ending in one month or less. The person then fully returns to his previous level of functioning. Often an overwhelming stress can be identified. Time-limited psychosis in the post-partum period is one form of this psychosis.

Delusional Disorder:

Persons with this disorder experience a delusion which is bizarre, e.g., that they are being persecuted, followed, poisoned or infected, or that s/he is the object of romantic love by someone from afar. Illogical thinking or bizarre behavior may not be present except regarding the specific delusion.

Schizophrenia:

This is a severe disorder in which the person often experiences delusions, hallucinations (most often auditory), and disorganized thinking and speech. Behavior is disorganized, often with lack of attention to usual hygiene and expectations. So-called "negative" symptoms, representing the absence of usual behaviors, may be present, which include apathy or a lack of emotional expression, loss of enthusiasm, motivation, or interest, and social withdrawal. Social, occupational, or school functioning is seriously impaired and the disturbance continues for at least 6 months.

Schizophreniform Disorder:

Persons with this disorder have all the symptoms of schizophrenia, but the disorder has not lasted for 6 months or more. Many of these

individuals have characteristics associated with a good prognosis and will not go on to develop schizophrenia.

Bipolar Disorder *(previously known as manic-depressive illness):*

Bipolar disorder is characterized by severe variations in mood, with episodes of severe depression and episodes of severe elation or irritability. These episodes are marked by disturbances of sleep, appetite, levels of physical activity, and behavior. Both the elated/irritable (manic) episodes and the depressive episodes may include psychotic symptoms. The psychotic symptoms may be consistent in content with the mood disturbance. For example, in a manic episode, a person may have grandiose delusions and hallucinations which appear to confirm one's exaggerated importance or powers (e.g., he may believe that the president has appointed him to organize an important event). On the other hand, a severely depressed individual may literally believe they are toxic to others, or the cause of misfortunes they did not really cause.

Sometimes both depressive and manic symptoms can be present at the same time on a continuous rather than episodic or intermittent basis. Quite often this is the case in early onset bipolar disorder. When this occurs in a young person, it can make diagnosis more difficult.

Major Depression with Psychotic Features:

Persons who experience episodes of severe depression may also experience symptoms of psychosis. As in bipolar disorder, the psychotic delusions or hallucinations may be consistent with the person's depressed view of himself and the world, such as believing that one has sinned and is to be punished. In both bipolar disorder and depression with psychotic features, as one recovers from the mood disturbance, the psychotic symptoms improve.

Schizoaffective Disorder:

This refers to individuals who have symptoms of schizophrenia or schizophreniform disorder associated with symptoms of mania or depression, but also have delusions or hallucinations in the absence of severe mood disturbance.

Psychosis Not Otherwise Specified:

Some episodes of psychosis do not fit clearly into the defined patterns described above. In some of these instances, with further information or with the passage of time, a more specific diagnosis can be made.

Frequently Asked Questions

1. What is EAST?

The Early Assessment and Support Team (EAST) is a community-based program with the mission of reducing the disability associated with psychotic illnesses (particularly schizophrenia and related disorders) in Linn, Marion, Polk, Tillamook and Yamhill Counties, Oregon. EAST provides treatment, support and guidance when psychosis first appears in young people between the ages of 15 and 30. Research shows that when the general public, educators, and health professionals have information about the early warning signs of psychosis, young people who are at risk of developing psychosis get help early. Consequently, their chances greatly improve for staying in school, working, maintaining friendships, and planning for the future. The EAST Program provides education, treatment for young people and their families, and works to develop effective, sustainable services for these families.

2. What is psychosis?

Psychosis refers to changes in the brain that interfere with the person's experience of their world. Characteristic symptoms include hearing voices or seeing visions (hallucinations), false beliefs or marked suspicions of others (delusions), and jumbled thoughts or speech and difficulty concentrating (disorganized thinking). A person may have only one of these symptoms or all three. People who experience psychotic symptoms believe that the voices, visions, or thoughts they are having are very real and they cannot be convinced otherwise. In fact, it does no good for friends or family members to try to reason with a person who is experiencing psychosis. Their illness makes it difficult for them to understand or believe another point of view.

3. How does a young person meet criteria for EAST?

The young person must be between the ages of 15 and 30, live in Linn, Marion, Polk, Tillamook or Yamhill County, have had a relatively normal developmental progression up until two years before onset of psychotic symptoms, and have had a first episode of psychosis within the last 12 months.

4. When should I make a referral?

If you are unsure about a referral, we urge you to call even if it is just to talk with an experienced clinician over the phone. There is convincing evidence that early intervention does reduce the severity of symptoms and may prevent the onset of psychosis altogether. We cannot definitely predict when or if an illness may appear. We believe that there are significant benefits to early treatment and that a "wait and see" attitude has significant risks.

5. What can EAST do if the person I'm referring won't agree to come to your office?

We can make other arrangements. Our clinicians understand that some young people do not want to participate immediately, so time is spent developing a relationship with the young person prior to the assessment process. We try to meet the young person wherever he/she feels most comfortable. Treatment will be individualized to have the best chance of success. Some young people participate very readily and understand from the start that the help we offer is going to be a relief for them and their family. Others need more time to accept that the way they are feeling is something they can't wish away or fix by themselves. Sometimes, it takes time to see that treatment will give the results that they want for themselves.

6. What are the early warning signs?

Some of the early warning signs of psychosis are as follows:

- a significant decline in functioning
- withdrawal from family and friends
- changes in perception (seeing or hearing unusual things)
- unusual or exaggerated beliefs
- loss of motivation or energy
- uncharacteristic or peculiar behavior
- heightened sensitivity to sight, sound, touch
- suspiciousness of others
- a vague feeling of being disconnected.

Any of these symptoms may occur alone without suggesting the presence of psychosis, but when two or more of these occur in combination, the possibility of psychosis is much greater**.**

7. What types of treatment services are offered?

EAST provides confidential assessment and early assistance for young people experiencing psychosis. The multidisciplinary staff offers an array of specialized and individualized services to clients and families. This may include: help with staying in or adjusting to school or work; family guidance and support; consultation; education about symptoms and behaviors; medication monitoring; and collaboration with schools and health professionals.

8. How do I arrange for EAST to do training at my school/agency?

EAST is happy to give presentations at schools and agencies. Simply call 503-931-0785 or leave a message at 888-315-6822, and we will be happy to come speak to your group or help develop a training.

9. How do I reach EAST?

EAST can be reached at 503-931-0785 by leaving a message at 888-315-6822, or by internet at info@eastcommunity.org. Office hours are Monday through Friday, 8:30 a.m. — 4:30 p.m. EAST does not provide emergency or 24-hour service.

10. Is there a cost?

EAST is committed to providing access to services regardless of ability to pay. EAST bills insurance where available and accepts payment where the person or family is able to pay. Emergency room care, hospitalizations, and laboratory tests are not funded through EAST. EAST staff will problem solve and advocate for individuals to ensure their medical needs are met.