

Assessment and Treatment Approaches from the
Maryland Early Intervention Program:

Early Psychosis in Transition-Age Youth





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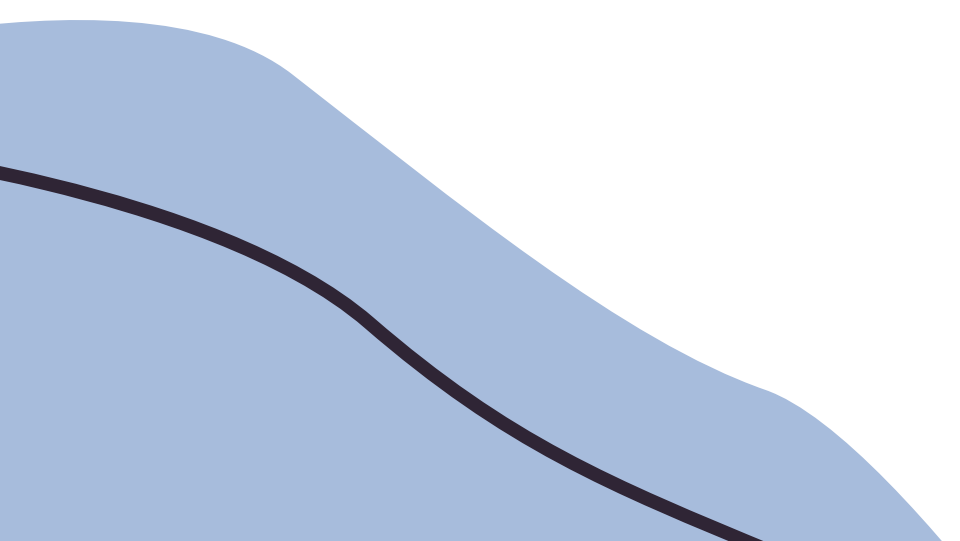


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AGENDA

1. General overview of psychosis, early intervention & identification
 2. Early identification, screening, & assessment approaches
 3. Information about MD Early Intervention Program (MEIP)
 4. Q & A
- 

What is the
psychosis spectrum?

A Note to Start On...

Negative outcomes can be associated with psychosis

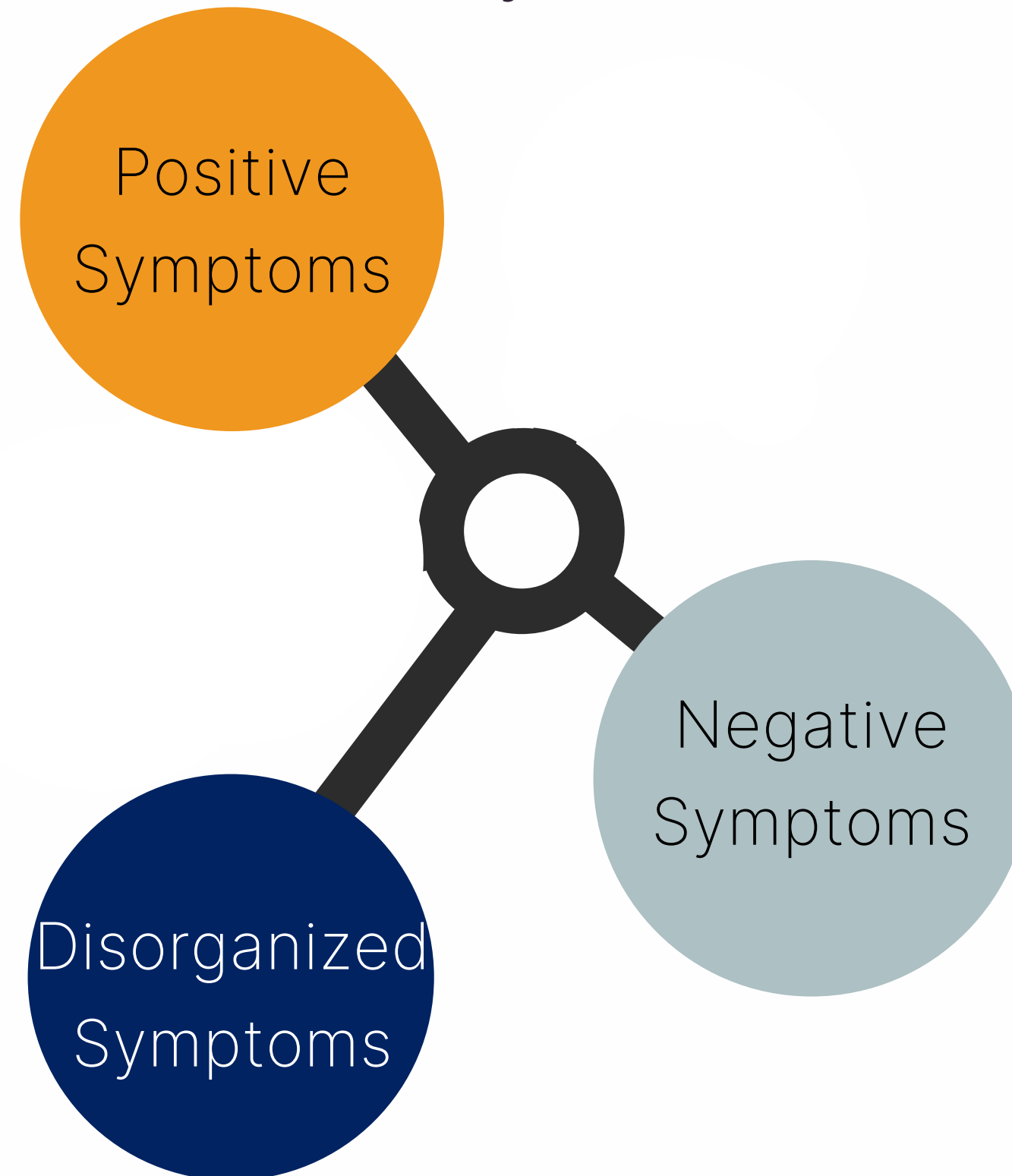
Despite this, even among those with chronic illness:

- Full and successful lives
- Positive changes from psychosis
 - Personal strength
 - Spiritual growth

Diagnosis is not prognosis, nor is it what critically defines a person

Psychosis

Collection of symptoms characterized by disordered thinking, loss with reality



Psychosis Symptoms



Positive

Added on

- **Delusions:** *Fixed and false beliefs*
- **Hallucinations:** *Perception in absence of external stimulus*



Negative

Taken away

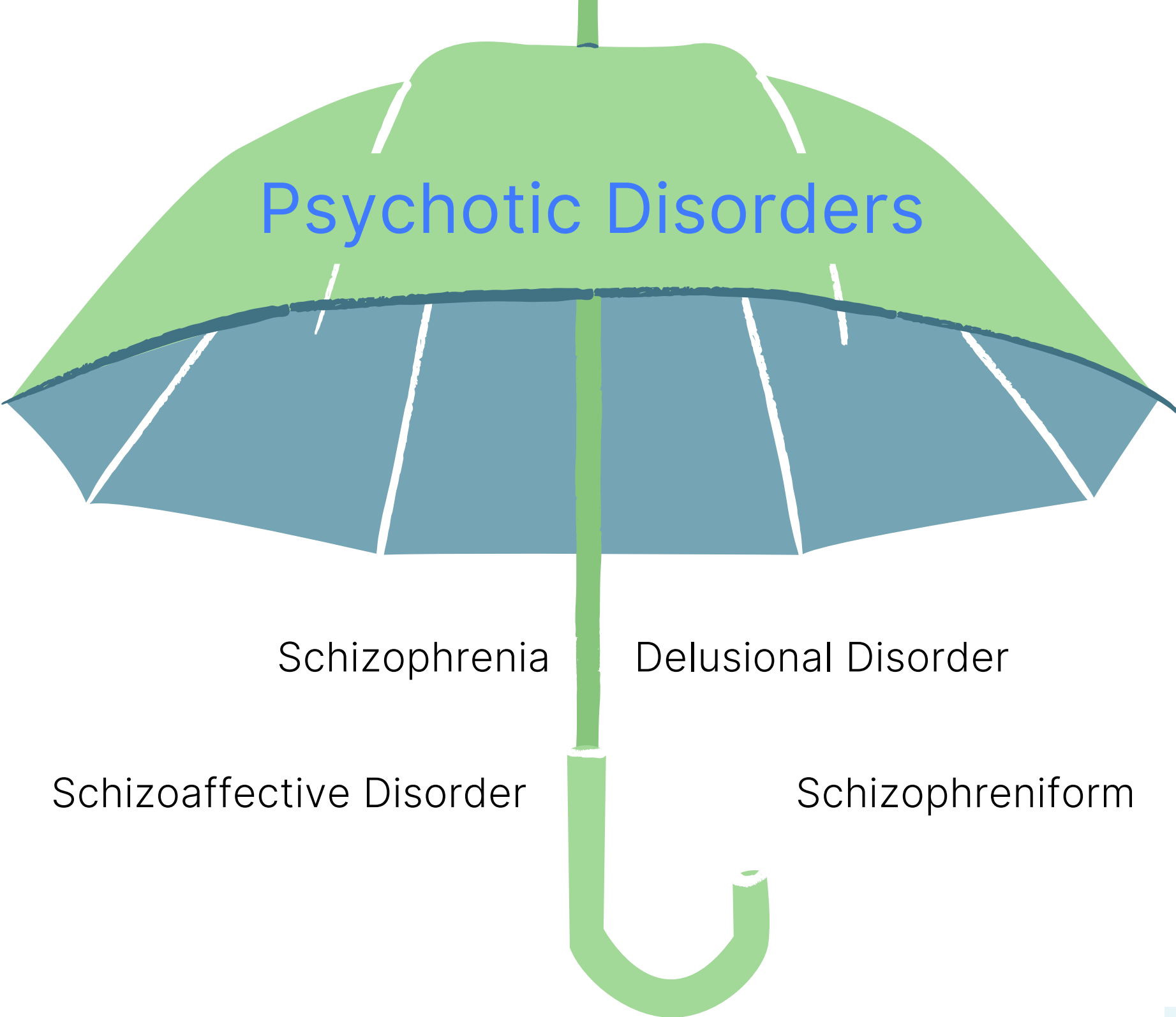
- **Social withdrawal**
- **Decreased motivation**
- **Limited Facial Expression**
- **Decreased Activity**



Disorganized

Doesn't fit

- **Disorganized speech**
- **Disorganized behavior**



Psychotic Disorders

Schizophrenia

Delusional Disorder

Schizoaffective Disorder

Schizophreniform

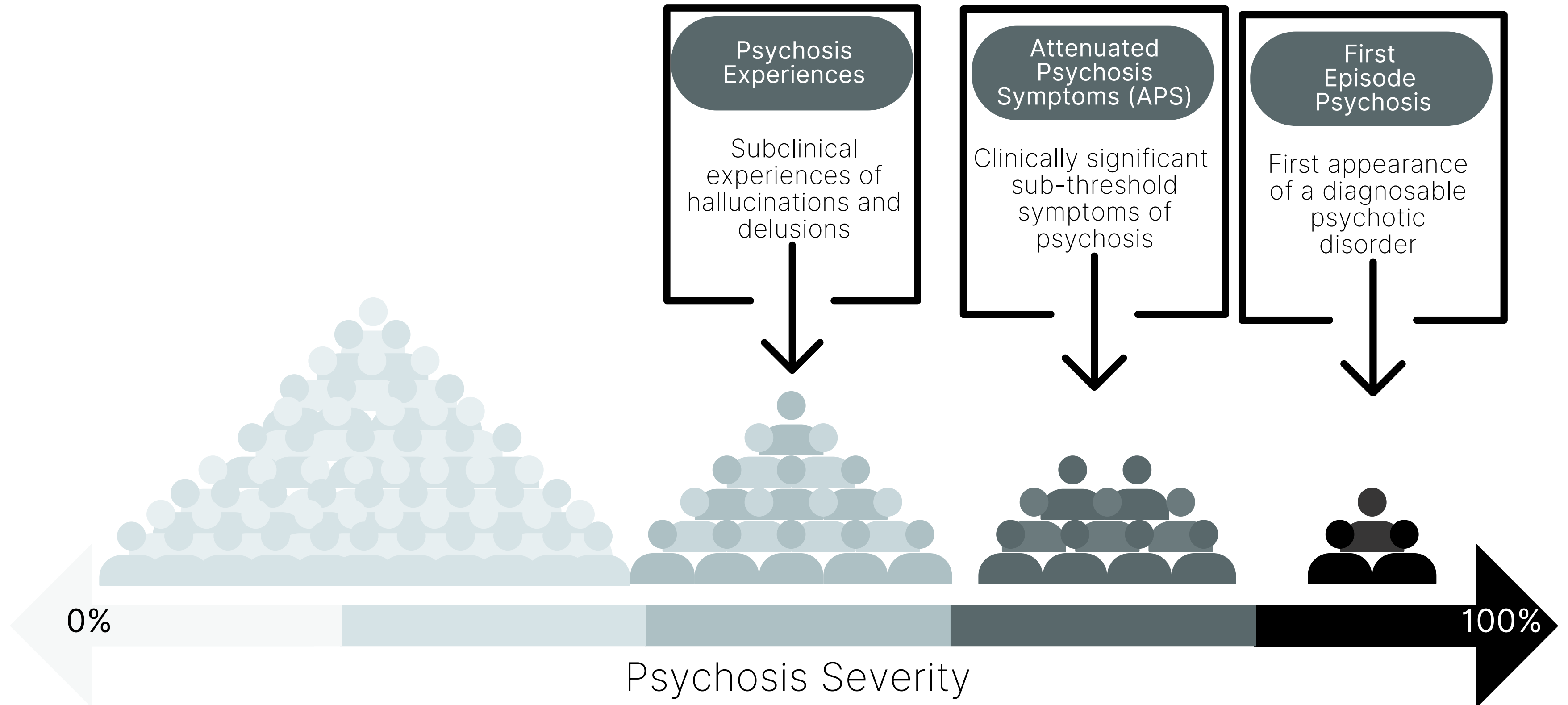
DSM-5 Disorders with Psychosis

Bipolar Disorder with Psychotic Features

Substance Induced Psychosis

Major Depressive Disorder with Psychotic Features

Psychosis: A Spectrum Approach



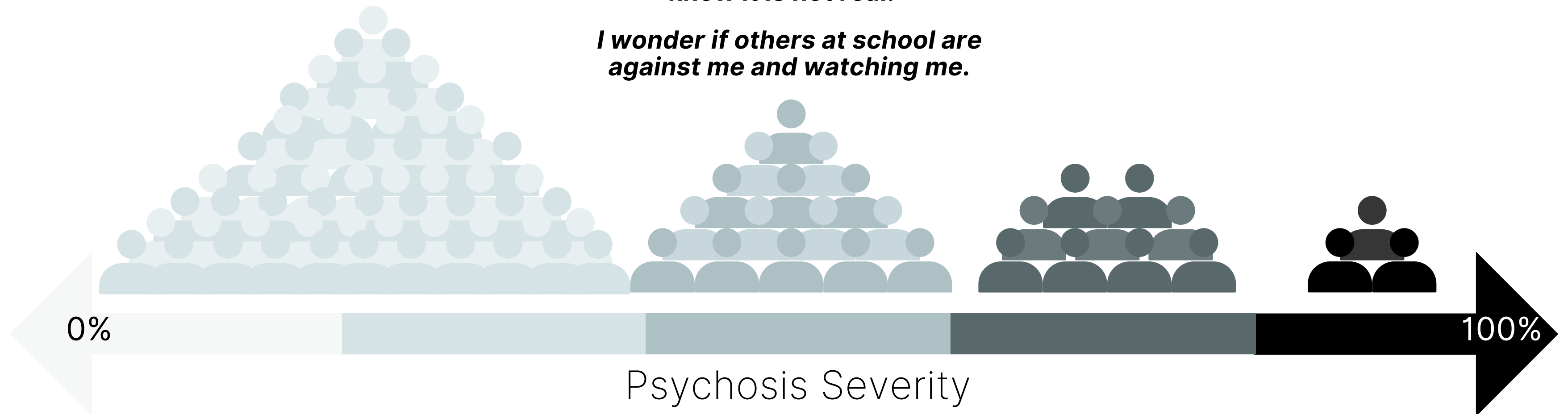
Psychosis: A Spectrum Approach

Psychosis Experiences

Subclinical experiences of hallucinations and delusions

I thought I heard my name being called a few times recently even when it's quiet around me but know it is not real.

I wonder if others at school are against me and watching me.



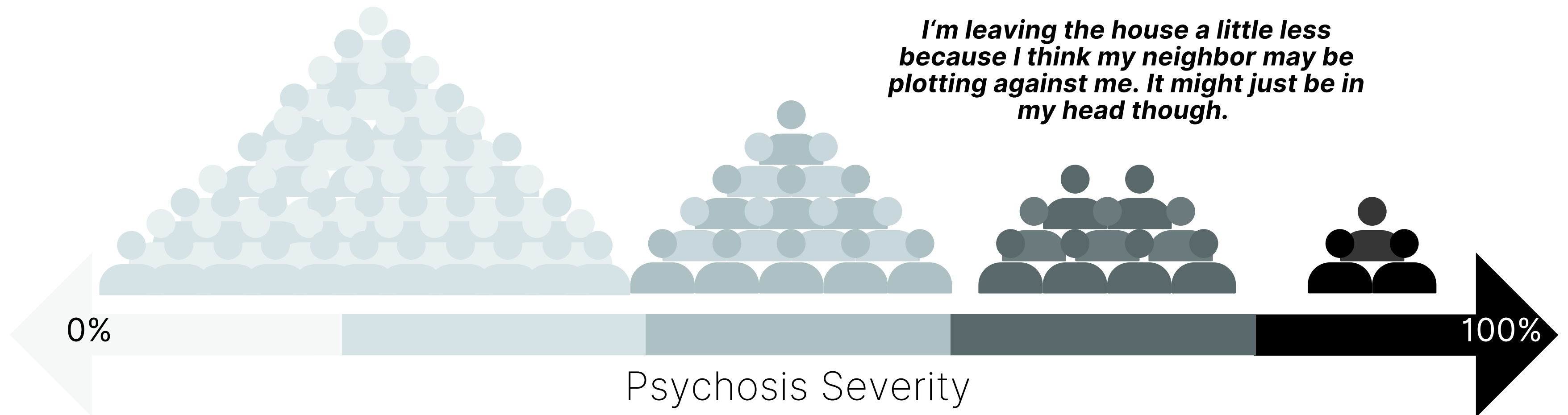
Psychosis: A Spectrum Approach

Attenuated
Psychosis
Symptoms (APS)

Clinically significant
sub-threshold symptoms of psychosis

***I hear someone whispering my name
sometimes in class. It really scares
me, so I leave class when it happens.
But it can't be real.***

***I'm leaving the house a little less
because I think my neighbor may be
plotting against me. It might just be in
my head though.***



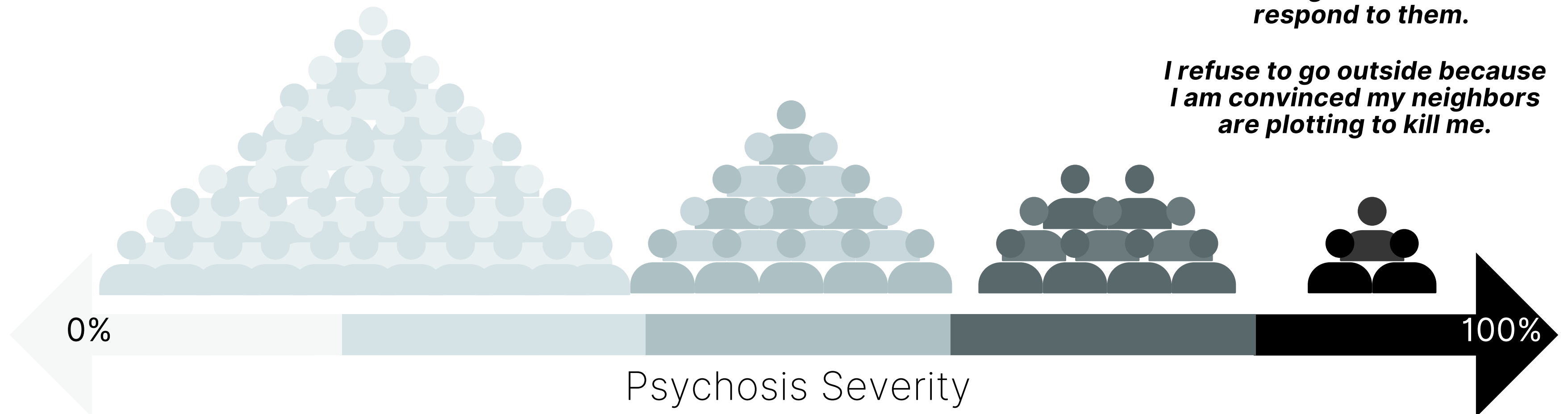
Psychosis: A Spectrum Approach

First
Episode
Psychosis

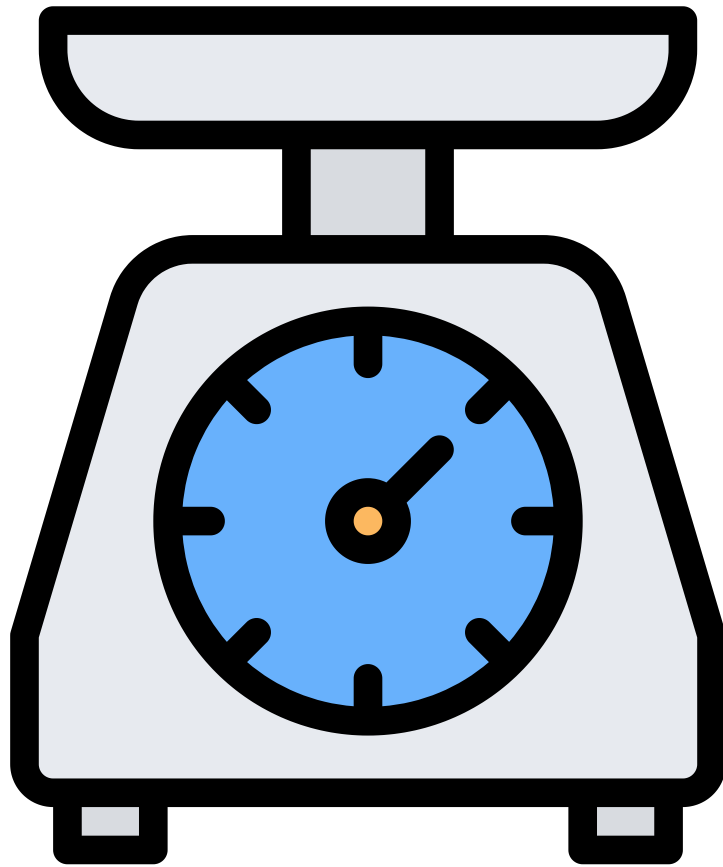
First appearance of a
diagnosable psychotic disorder

***I hear people having a
conversation and telling me to
do things. Sometimes I
respond to them.***

***I refuse to go outside because
I am convinced my neighbors
are plotting to kill me.***

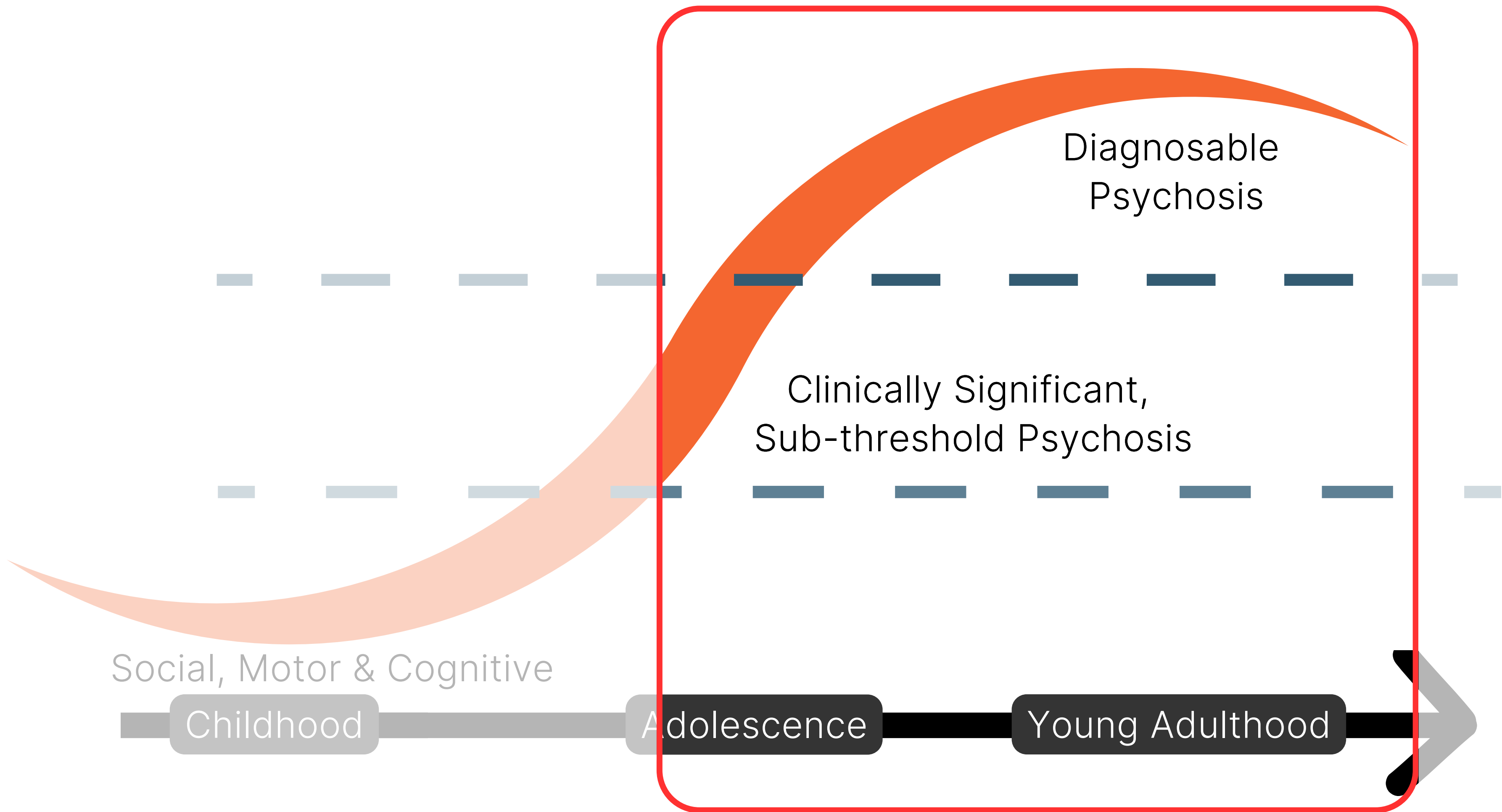


ATTENUATED VS. FULL THRESHOLD

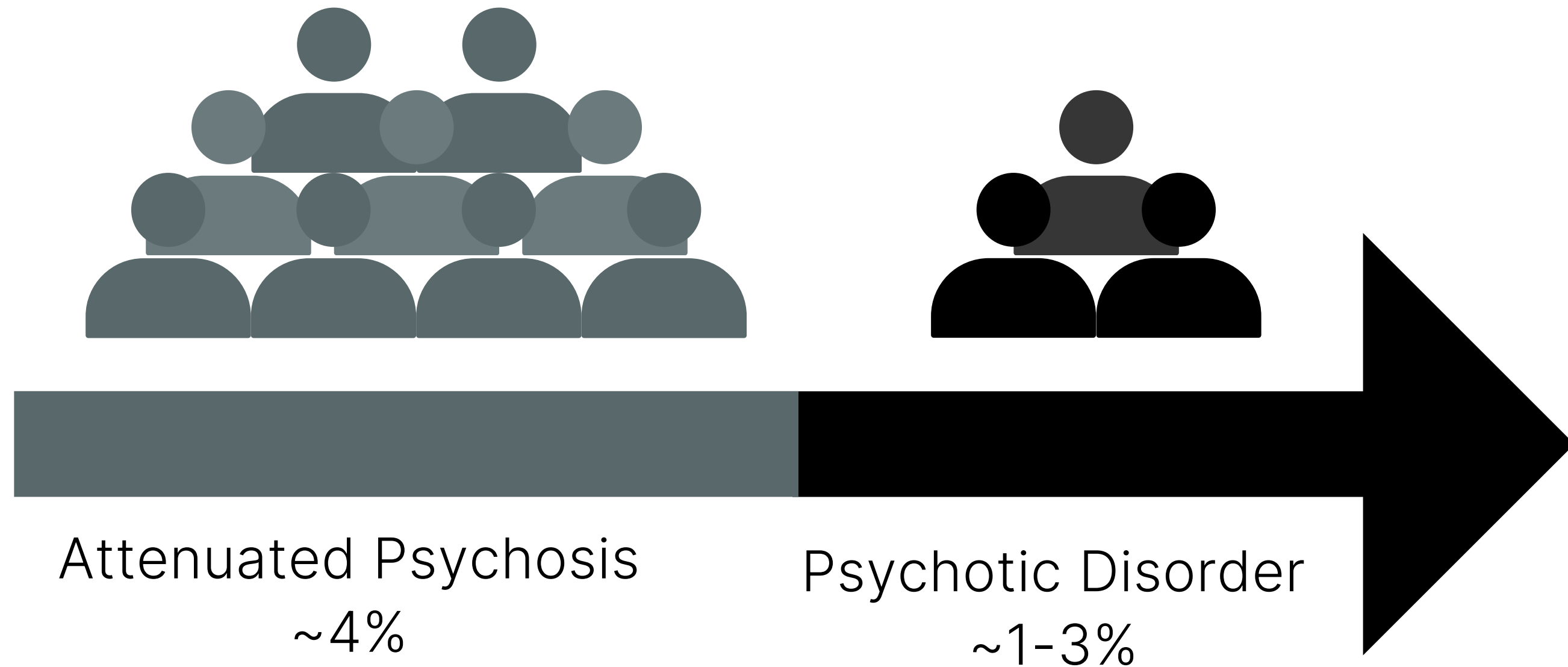


Conditions are differentiated by:

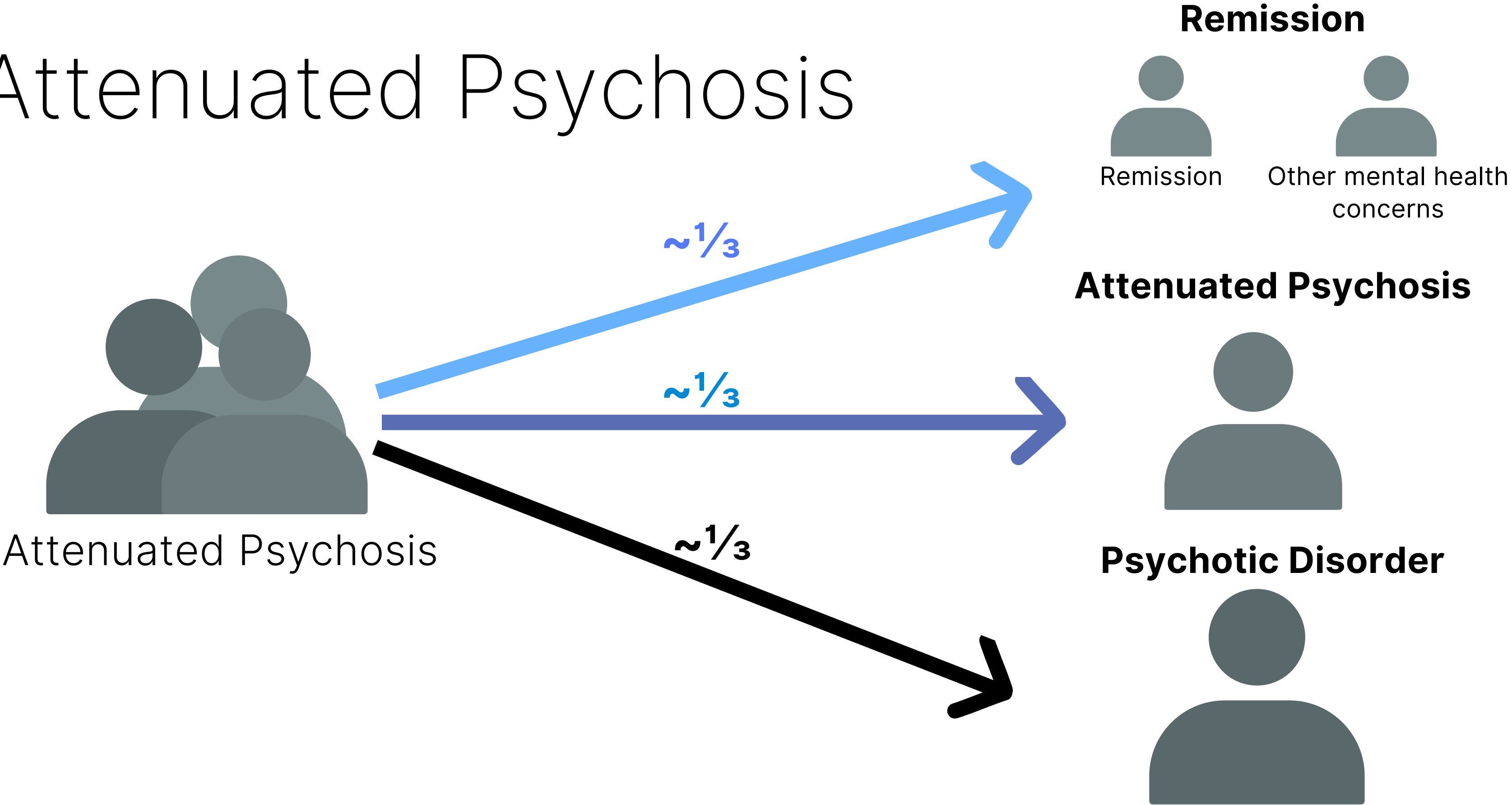
- Intensity and severity of symptoms
- Degree of conviction
- Doubt, question, and insight

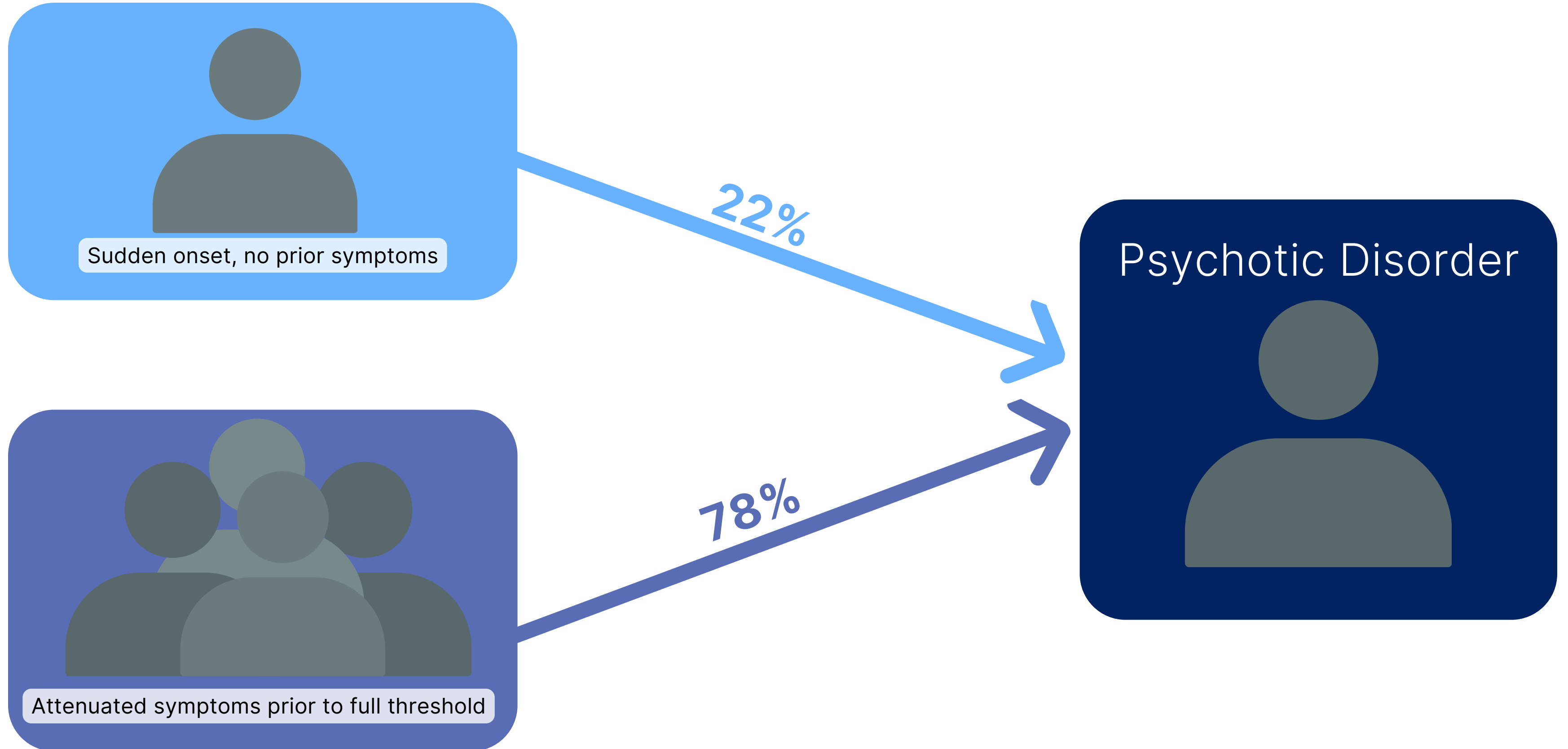


The Psychosis Spectrum



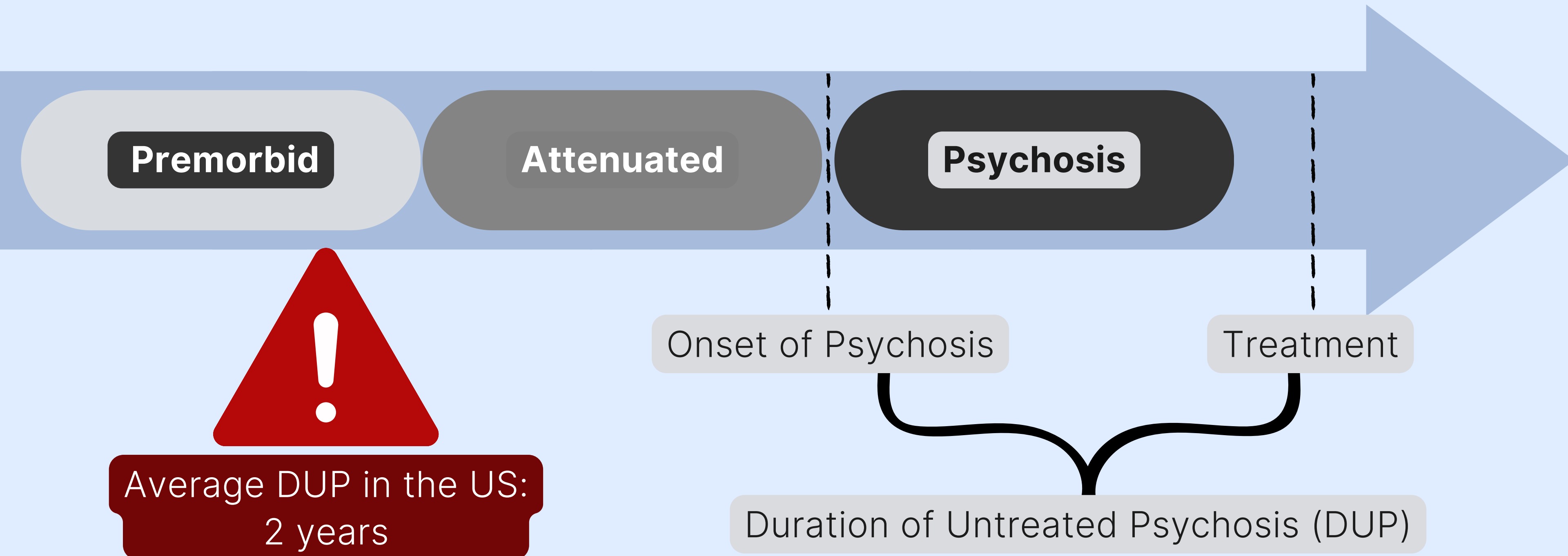
Attenuated Psychosis





Early Identification & Intervention

DURATION OF UNTREATED PSYCHOSIS



WHO EXPERIENCES PSYCHOSIS?



Adolescents & Young Adults

Onset:

- Generally occurs between the ages of 15-25
- May begin in adolescence & continue into young adulthood

2,000 young people in MD each year with first episode of psychosis

Shorter DUP



Better long term
outcomes



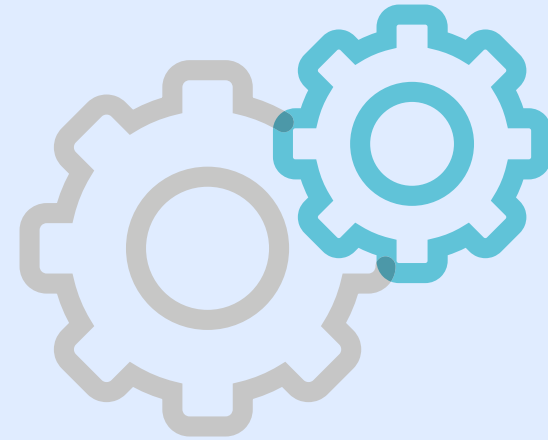
Less occupational
impairment



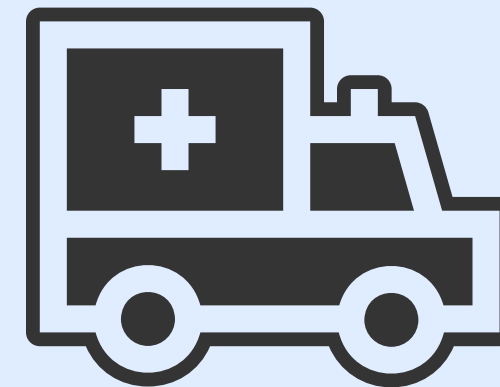
Less social
impairment



Less negative
symptoms



Less cognitive
deficits



Less emergency/
intensive service use



Less psychological
distress

Without Early Intervention



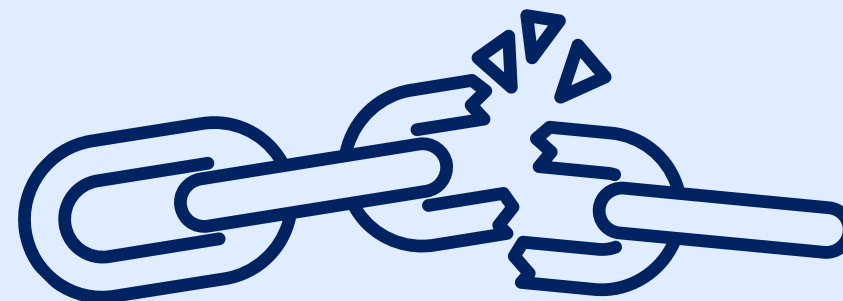
Obstacles to
enter system



Bad first experience
with treatment

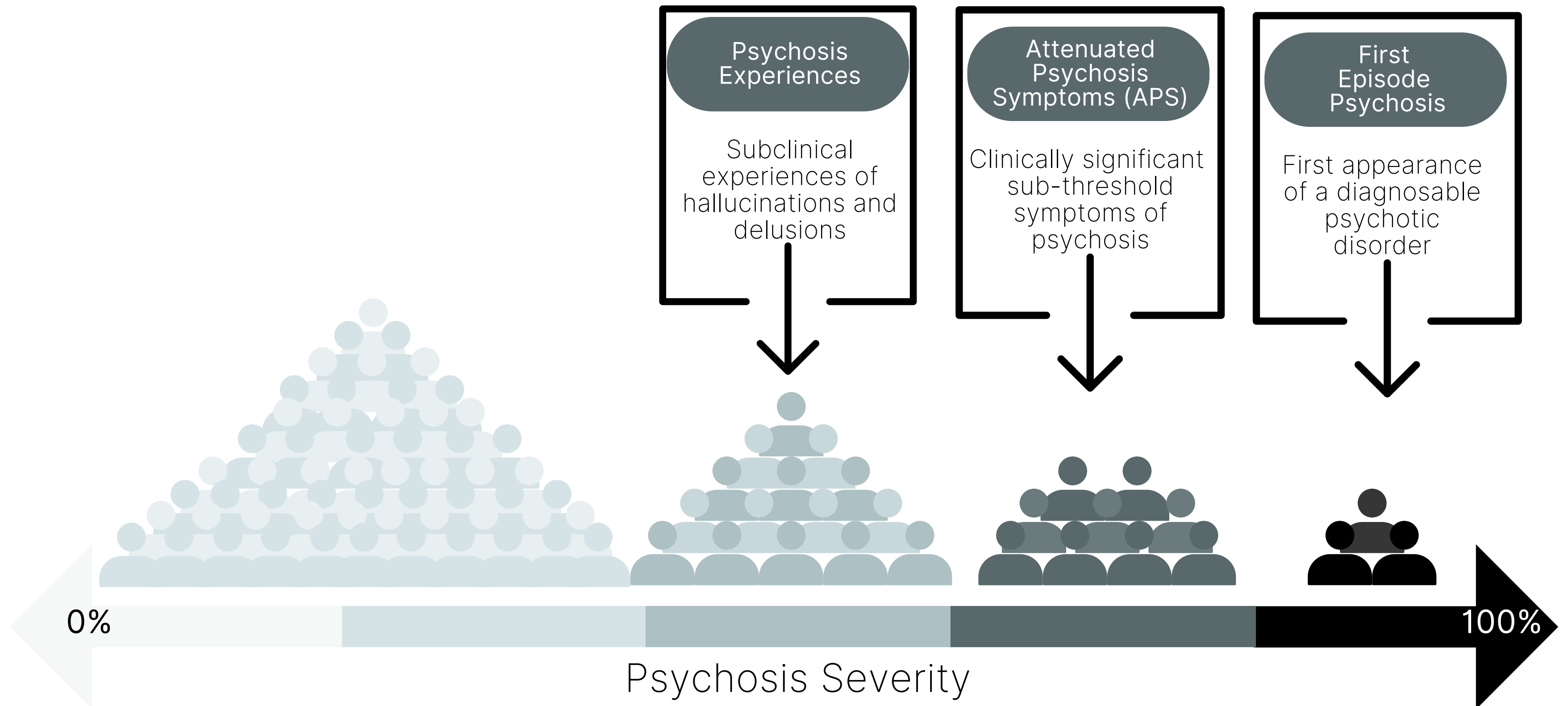


Miscommunication or
no communication

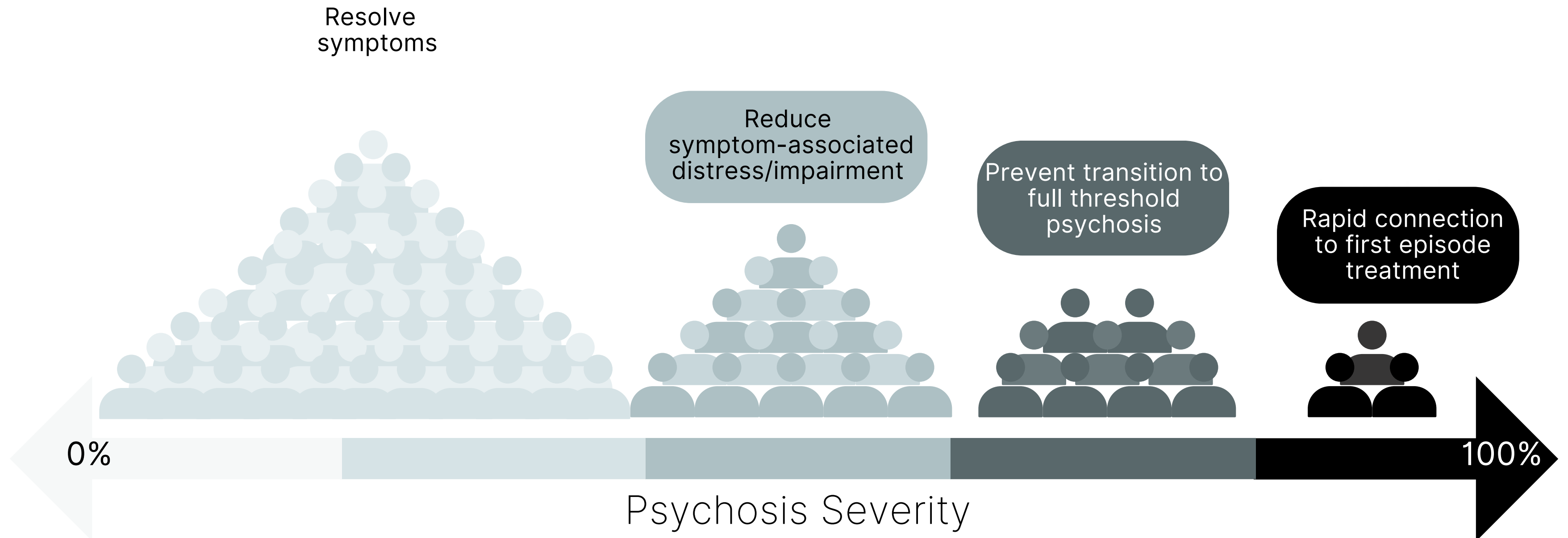


Discontinuity
between care teams

Psychosis: A Spectrum Approach



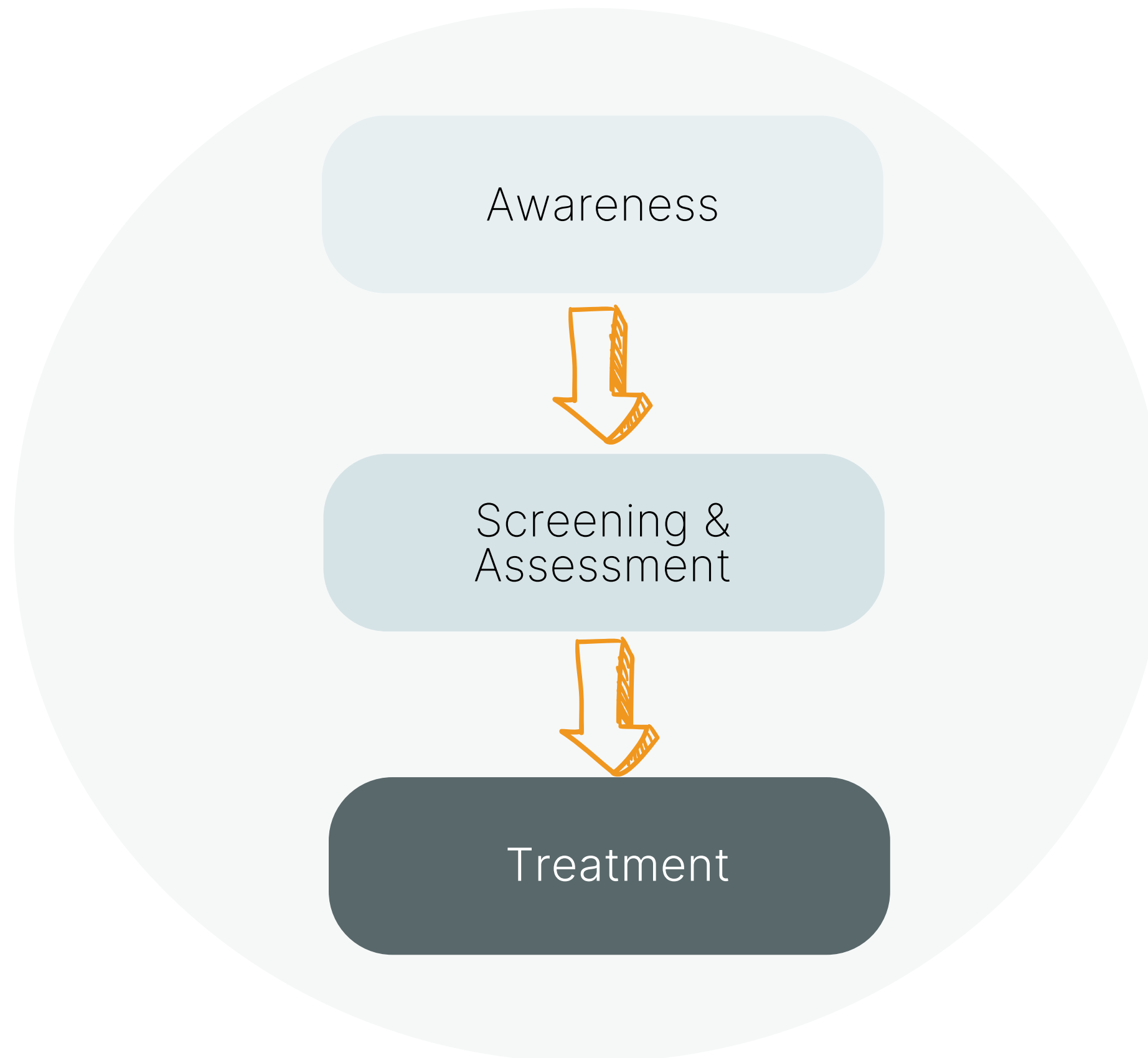
Prevention/Early Intervention Model



Early Identification & Intervention:

A how-to guide

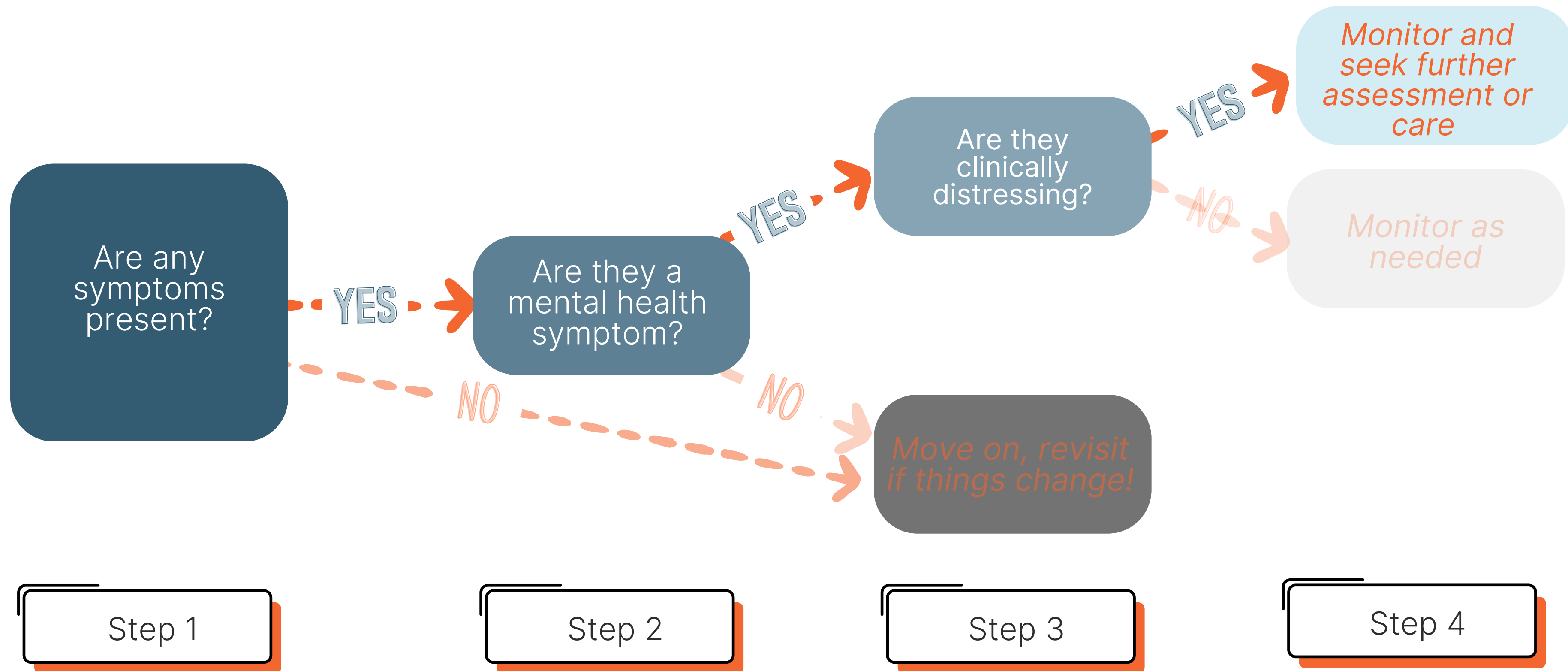
Early Intervention Model



How to screen for psychosis?



Stepped Approach to Screening & Assessment



Tools for Screening & Assessment

Screening

Prime Screen Revised

Prodromal Questionnaire Brief



Assessment

Structured Interview for Psychosis-Risk Syndromes (SIPS)

MINI SIPS



Tools for Screening & Assessment

Prime Screen- Revised with Distress

The following screen asks about your personal experiences. It asks about your sensory, psychological, emotional, and social experiences. Some of these questions may seem to relate directly to your experiences and others may not. Please read each question carefully and answer all questions.

Based on your experiences within the past year, please indicate how much you agree or disagree with each statement by circling the answer that best describes your experience.

| | | | | | | |
|---------------------|-------------------|-------------------|----------|----------------|----------------|------------------|
| Definitely disagree | Somewhat disagree | Slightly disagree | Not sure | Slightly agree | Somewhat agree | Definitely agree |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Then, using the same scale as above, rate how much you agree or disagree that the experience has frightened or concerned you, or caused problems for you. If you have not had the experience described, circle N/A (not applicable).

| Within the past year: | | Definitely disagree | Somewhat disagree | Slightly disagree | Not sure | Slightly agree | Somewhat agree | Definitely agree |
|--|-----|---------------------|-------------------|-------------------|----------|----------------|----------------|------------------|
| 1. I think that I have felt that there are odd or unusual things going on that I can't explain. | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| When this happens, I feel frightened or concerned, or it causes problems for me. | N/A | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. I think that I might be able to predict the future. | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| When this happens, I feel frightened or concerned, or it causes problems for me. | N/A | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions. | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| When this happens, I feel frightened or concerned, or it causes problems for me. | N/A | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. I have had the experience of doing something differently because of my superstitions. | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| When this happens, I feel frightened or concerned, or it causes problems for me. | N/A | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Prime Screen Revised

Appendix A. PQ-B

Rachel Loewy, PhD and Tyrone D. Cannon, PhD ©University of California 2010

Please indicate whether you have had the following thoughts, feelings and experiences **in the past month** by checking "yes" or "no" for each item. **Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you.** If you answer "YES" to an item, also indicate how distressing that experience has been for you.

1. Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to you?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree
2. Have you heard unusual sounds like banging, clicking, hissing, clapping or ringing in your ears?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree
3. Do things that you see appear different from the way they usually do (brighter or duller, larger or smaller, or changed in some other way)?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree
4. Have you had experiences with telepathy, psychic forces, or fortune telling?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree
5. Have you felt that you are not in control of your own ideas or thoughts?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree
6. Do you have difficulty getting your point across, because you ramble or go off the track a lot when you talk?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree
7. Do you have strong feelings or beliefs about being unusually gifted or talented in some way?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

Prodromal Questionnaire-Brief

Online tool for Screening & Assessment

Strive for Wellness Clinic: Services Referral and Symptom Screening

Your Information:

Where did you hear about us/how did you access this page?
* must provide value

Outreach event/training ▼

Why are you using this form?
* must provide value

☒ To monitor psychosis risk symptoms
☐ To find referral options
☐ Other

Are you taking this for yourself, or on behalf of someone else?
* must provide value

☐ Self
☐ Someone else



<https://redcap.link/SFWScreen>

Screening: Follow up Questions

What did you think it was? What do you make of this?

Was it your imagination or real?

Did you think it was real at the time?

Is it your own voice or thoughts, like talking to yourself?

Was there someone in another room?

Was the TV on?

What happens before they occur?

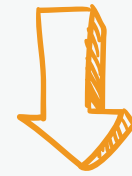
Did they occur when you were awake, asleep, falling asleep?

Do other people in your family or your friends have similar experiences? (Cultural considerations)

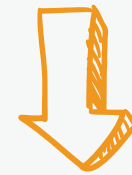


Talking About Psychosis

Be curious, open, and direct



Ask simple, open-ended questions



Get examples, context, and collateral



Reassure, redirect, and refer to appropriate resources

Talking About Psychosis

Get consultation from helpful colleagues & expert resources!



THE MARYLAND EIP

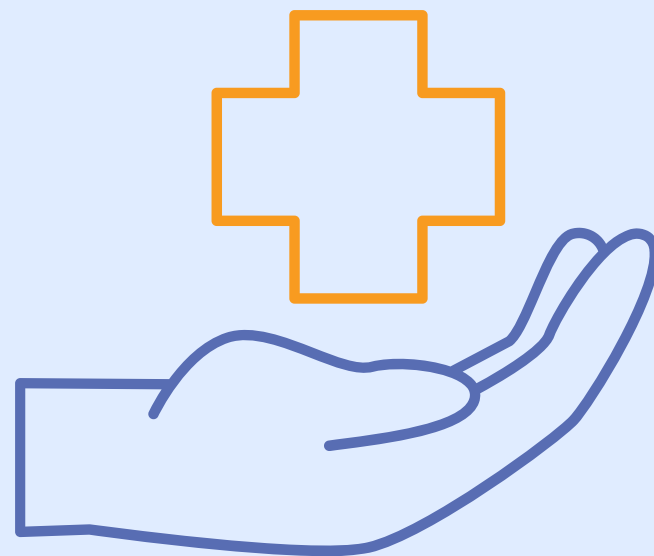
Maryland EIP



Outreach & Education



Consultation & Evaluation



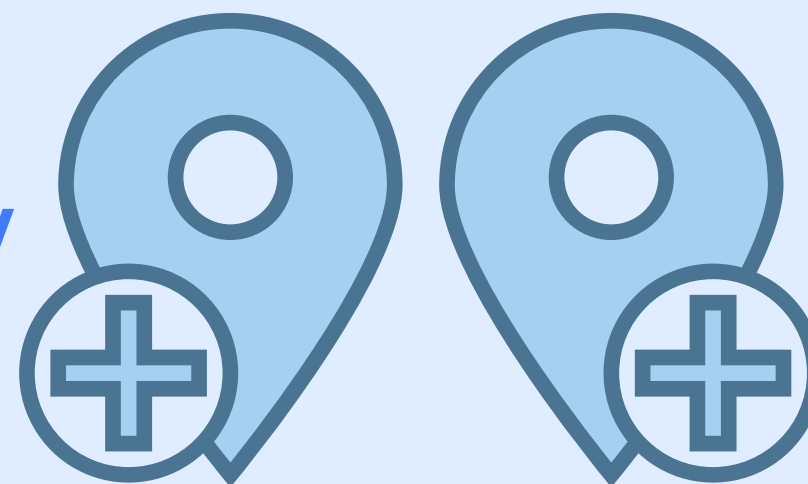
Treatment Services



Technical Assistance



Baltimore County



Baltimore City

STRIVE FOR WELLNESS CLINIC

Assessment & Consultation

- Brief consultations
- Diagnostic & Psychosis Evaluation
 - Youth ages 12-25
 - Feedback & recommendations to client, family, providers
 - Facilitate referrals to SFW, FEP programs



STRIVE FOR WELLNESS CLINIC

Clinical Services

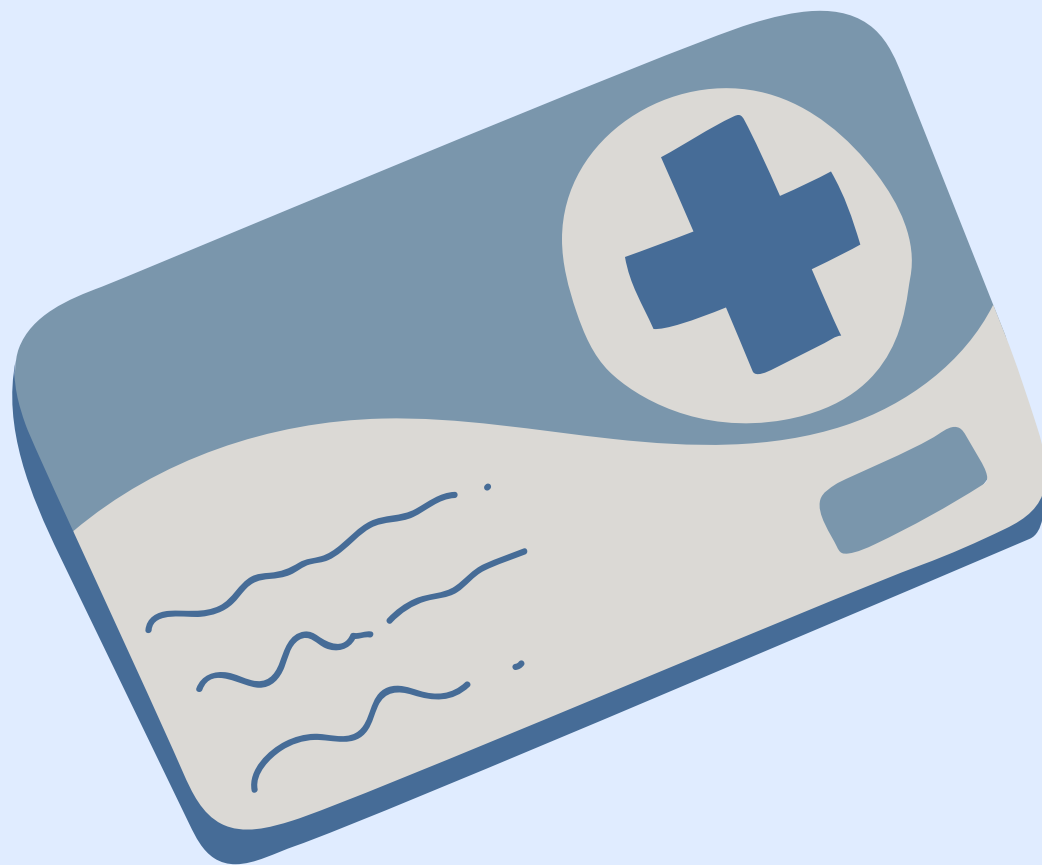
- Ongoing treatment with CSC approach
 - Recovery-oriented individual therapy
 - Supported education/employment
 - Care coordination
 - Medication management



STRIVE FOR WELLNESS CLINIC

Fees & Insurance?

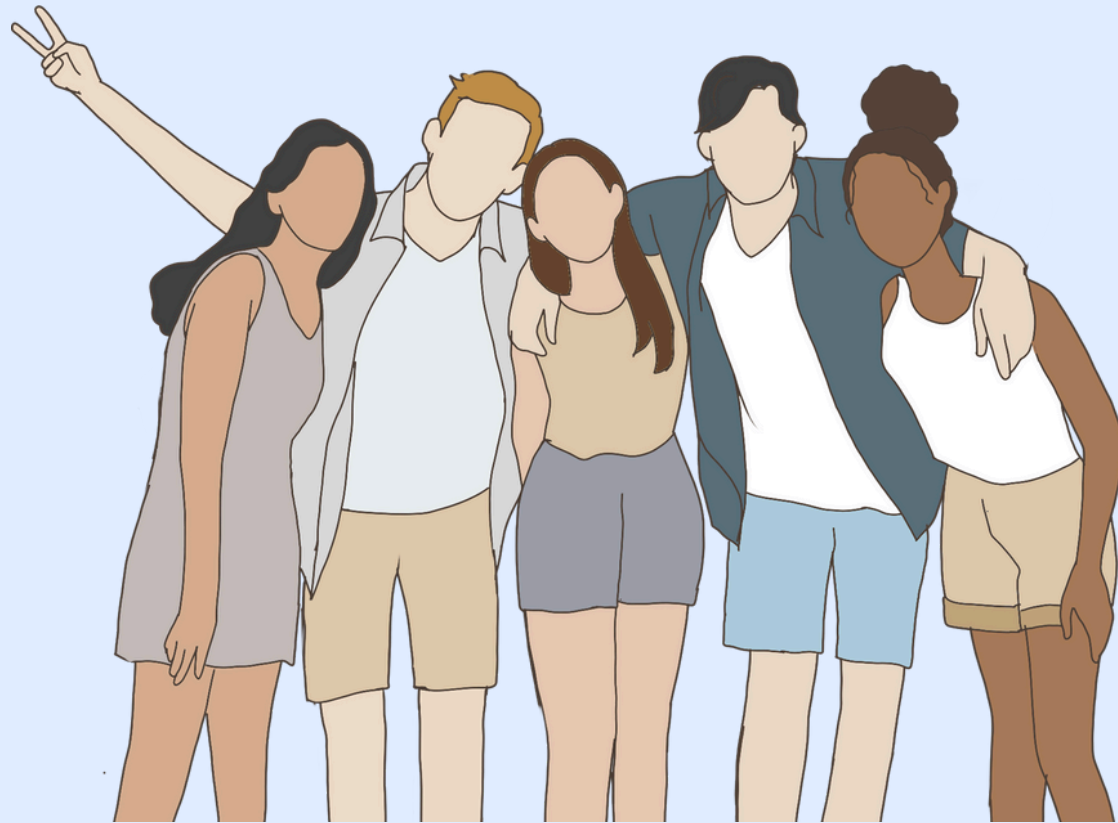
- Accept some insurance
- Services often free for those out of network (grant funded)



STRIVE FOR WELLNESS CLINIC

Our Clients

- Youth ages 14-25 in the Baltimore area*
 - Currently experiencing Attenuated Psychosis
 - No history of full-threshold psychosis
- No primary substance abuse
- Appropriate for outpatient care
- IQ of 70 or greater



*Or those in Maryland willing to travel to Baltimore for appointments

STRIVE FOR WELLNESS CLINIC

Reach out!



410-455-3705

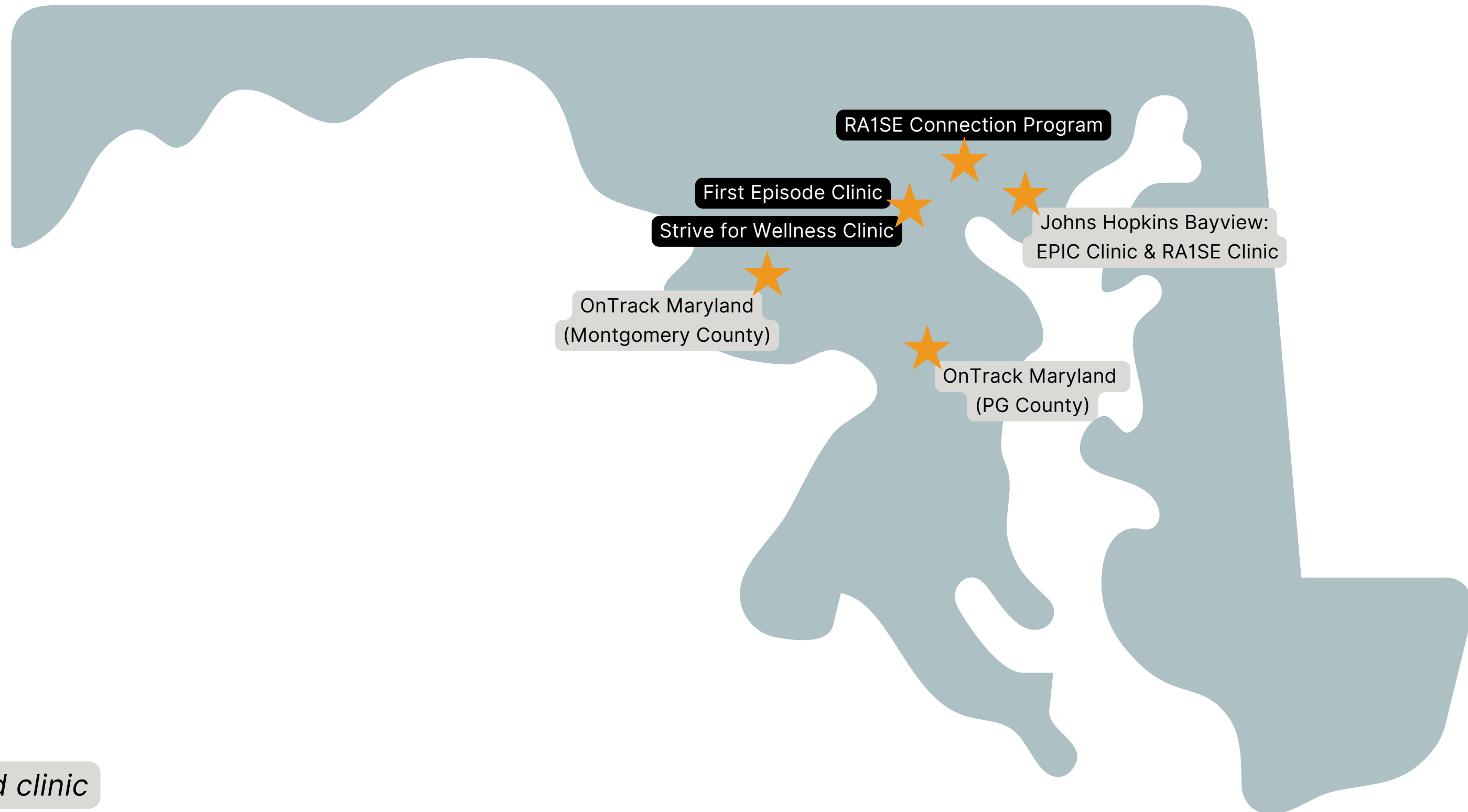


STRIVE@som.umaryland.edu



<https://SFWMaryland.com>

Coordinated Specialty Care (CSC) in MD



How to refer?
Call the EIP centralized line



Leslie Mohler
Centralized Line Coordinator

1-877-277-MEIP (6347)

info@marylandEIP.com

<https://www.marylandEIP.com>

COORDINATED SPECIALTY CARE PROGRAMS IN MD

| | | | | | |
|---|---|---|---|---|---|
| RAISE Connection Program* | OnTrack Maryland Sheppard Pratt* | OnTrack Prince George’s County Sheppard Pratt* | Hopkins EPIC RAISE Program* | First Episode Clinic Maryland Psychiatric Research Center** | Hopkins EPIC Early Psychosis Outpatient Program (EPIC)** |
| West Baltimore | Gaithersburg, Montgomery County | Prince George’s County | East Baltimore | Catonsville | East Baltimore |
| University of Maryland Medical Center Midtown Campus 827 Linden Avenue, 2nd floor Baltimore, MD 21201 (410) 462-5799 | 610 East Diamond Avenue, Suite 100 Gaithersburg, MD 20877 (301) 840-3216 | 7401 Forbes Blvd, Lanham MD (240) 708-0621 | Johns Hopkins Bayview Medical Center 4940 Eastern Avenue, Baltimore, MD 21224 (410) 955-5212 | Tawes Ct. Catonsville, MD 21228 (410) 402-6833 | Johns Hopkins Bayview Medical Center 4940 Eastern Avenue, Baltimore, MD 21224 (410) 955-5212 |
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| http://ummidtown.org/programs/behavioralhealth/carruthers/services | https://www.sheppardpratt.org/care-finder/ontrack-maryland/ | https://www.sheppardpratt.org/care-finder/ontrack-maryland/ | https://www.hopkinsmedicine.org/psychiatry/patient_information/bayview/medical_services/child_adolescent/epic_raise.html | https://firstepisodeclinic.org/ | http://www.hopkinsmedicine.org/psychiatry/bayview/medical_services/child_adolescent/early_psychosis.html |

**Some programs only serve individuals who are within 1.5-2 years of a first episode of psychosis.*

***Others also serve individuals who are greater than 2 years from a first episode of psychosis.*

Lived Experience Perspective

Experiences of Young Adults: Living with Mental Illness and Psychosis

Part 1: **Symptom recognition and impact**





QUESTIONS?



COMMENTS OR REFLECTIONS?

PLEASE

REQUEST

Please take this very brief 3 question survey to help our team keep track of and improve our trainings on psychosis!

<https://redcap.umbc.edu/surveys/>

enter code: XCPKMM74P



*Thank
you!*