PROPs for Recovery from First Episode Psychosis
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Journey Mental Health Center
PROPs Program (Promoting Recovery from Onset of Psychosis)

Goals

- Identify basic symptoms of early psychosis and schizophrenia prodrome
- Understand importance of early intervention
- Be familiar with coordinated specialty care model
WHO ranked top #10 global disease burden
1% international population
$63 billion in 2002

Symptom Clusters in Schizophrenia

Positive Symptoms
Negative Symptoms
Cognitive Symptoms
Mood/Anxiety Symptoms

Fisher & Buchanan, 2016
### Positive Symptoms

<table>
<thead>
<tr>
<th>Hallucinations</th>
<th>Delusions</th>
<th>Disorganization</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Auditory (40-80%)</td>
<td>• Bizarre/non-bizarre</td>
<td>• Tangential speech</td>
</tr>
<tr>
<td>• Visual</td>
<td>• Referential</td>
<td>• Circumstantial speech</td>
</tr>
<tr>
<td>• Somatic</td>
<td>• Grandiose</td>
<td>• Derailment</td>
</tr>
<tr>
<td>• Olfactory*</td>
<td>• Paranoid</td>
<td>• Neologisms</td>
</tr>
<tr>
<td>• Gustatory*</td>
<td>• Nihilistic</td>
<td>• Word salad</td>
</tr>
</tbody>
</table>

Fisher & Buchanan, 2016

### Negative Symptoms

<table>
<thead>
<tr>
<th>Diminished Expression</th>
<th>Avolition-Apathy Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Affective flattening</td>
<td>• Asociality</td>
</tr>
<tr>
<td>• Alogia</td>
<td>• Apathy</td>
</tr>
</tbody>
</table>

Fisher & Buchanan, 2016
Cognitive/Mood Symptoms

Cognitive Symptoms
- Impaired executive functioning
- Decreased processing speed
- Impaired attention
- Impaired memory
- Impaired reasoning

Mood/Anxiety Symptoms
- Depression (25%)
- Anxiety (38.3%)

Fisher & Buchanan, 2016; Siris & Braga, 2016

Schizophrenia Prodrome

- Other terms: “clinical high risk” or “ultra high risk mental state”

- Attenuated psychosis
- Intermittent symptoms
- Trait vulnerability
- Social decline

Prodrome
Timeline of First Episode Psychosis (FEP)

2008
- NIMH launched RAISE-ETP and RAISE-IES

2014
- Consolidated Appropriations Act of 2014 passed
- SAMSHA funding for early intervention

2015
- Numerous studies published by RAISE teams r/t FEP tx
- Journey MHC (Madison) created PROPs!

Why Early Intervention?

- RAISE-ETP (Early Treatment Program) was successful!
- RAISE increased support to further the research
- Members...
  - Stayed in treatment longer
  - Reported greater improvement in symptoms
  - Reported improved interpersonal relationships
  - Reported improved QOL
  - Exhibited increased involvement in school & work
  - Who had shorter DUP had better outcomes

National Institute on Mental Health, 2014; Addington et al., 2015
How is this different from TAU?

- Emphasis on Consumer Goals
- Shared Decision Making
- Flexible & Accommodating

Shared decision making

- Recovery based
- Assumes there are multiple experts
- Enhances
  - Quality of care
  - Informed decisions
  - Consumer accountability

Center for Practice Innovations, 2014
RA1SE (CSC) Treatment Team

- *Recovery Coach*
- Supported Education/Employment
- *Team Leader*
- Peer Support
- Prescriber
- Nurse
- Program Support
- *Therapist*

National Institute on Mental Health, 2014

Recovery Coach

- Coping skills training
  - structured social skills training interventions
- Substance abuse treatment
  - identification of level of use
  - assess for impact in treatment
  - referral to outside treatment
- Behavioral activation
  - identification of activities to decrease isolation and depression
- Family consultations
  - addressing specific problems or needs
  - enhancement of communication
  - providing support for families

Center for Practice Innovations, 2014
Supported Employment/Education Specialist

Assesses work & school interests
- career interest inventories
- interview preparation
- attends jobs fairs & works with agencies

Facilitate communication
- assists with decisions of disclosure
- attends important meetings (IEP, etc.)
- provides information to team

Provide support
- advocates for accommodations
- study skills training

Peer Support

- Not well defined by On Track NY
- Integral to Coordinated Specialty Care (CSC) model
- Roles include:
  - Coordination with family
  - Supportive contacts in community
  - Assistance with behavioral activation
  - Initial engagement

Center for Practice Innovations, 2014
Psychopharmacology for FEP

Roles of Prescriber & Nurse

- Verify the need
- Dose LOW
- MONOTHERAPY
- Minimize side effects

Robinson et al., 2015
RA1SE Medication Choices

- risperidone*
- aripiprazole*
- ziprasidone
- loxapine
- perphenazine
- lurasidone

*available in long acting injectable formulation

PORT Study Recommendations

- **Medication Choice**
  - Second Generation Antipsychotic
  - NOT clozapine or olanzapine

- **Medication Dose**
  - Dose LOWER than multi-episode patient

- **Maintenance Med**
  - Treatment with SGA at lowest possible dose to relieve positive sx
PROP's Outcomes 2015 until Present

Voluntary Versus Involuntary Hospital Admissions for PROP's Consumers

N=21 CONSUMERS
Consumers At Intake On Medications Not Indicated for FEP

Medication Changes For Consumers On Contraindicated Medications

Overall Change or Decrease In Medications

N=17 Consumers

Substance Use Prior To Admission
Decrease Use After Admission
No Substance Use Reported At Intake

N=22 Consumers
Supported Employment and Education Specialist (SEES) Data

<table>
<thead>
<tr>
<th>Enrolled In School Prior To Admission</th>
<th>Enrolled in School After Admission</th>
<th>Working Prior To Admission</th>
<th>Working After Admission</th>
<th>Consumers Working With SEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>9</td>
<td>6</td>
<td>9</td>
<td>14</td>
</tr>
</tbody>
</table>

N=17 Consumers

PROP's Consumer Engagement

<table>
<thead>
<tr>
<th>Outpatient Engagement Prior To Admission</th>
<th>Engaged with PROP's</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>21</td>
</tr>
</tbody>
</table>

N=22 Consumers
### Level of Care Trend PROPs Consumers

Level of Care Range:
- Level 1 (Highest Level of Care Needed) through
- Level 5 (Least Level of Care Needed)

- **RNL At Intake for PROPs Consumers**: 1.9
- **RNL At 6 Months**: 1.8
- **RNL at 1 Year**: 2.3

N=21 Consumers

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### Hospital Days For PROPs Consumers Before and After Admission to PROPs

- **2015 – Current**
- **Hospital Days Prior to Admission to PROPs**: 724 Days
- **Hospital Days Post Admission to PROPs**: 140 Days

N=21 Consumers
Winnebago Mental Health Institute Cost Comparison Before and After Admission to PROPS

N=21 Consumers

References


Fischer, B.A. & Buchanan, R.W. Schizophrenia: Clinical manifestations, course, assessment, and diagnosis. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on April 10, 2016.)

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