MIHS First Episode Center

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Learning Objectives

• Learn about the **signs and symptoms** of psychosis

• Learn how to **engage and intervene** with an individual experiencing psychosis

• Learn about **resources** in the community to assist an individual experiencing psychosis
Learning Objectives

• Learn about the **signs and symptoms** of psychosis
Brain Health Conditions

• Brain health should be concern for every person, just like physical health care
  – Band-Aid to a friend with a cut
  – Feverish student to the nurses office
  – Sign the cast of a friend with a broken arm
  – Bring food over for a neighbor after surgery
  – Send a sympathy card after a cancer diagnosis

We should have similar tools to respond to a young adult experiencing brain health concerns in the same way
Brain Health Conditions

• You have a unique opportunity to initiate and impact steps towards recovery, hope, and fulfilling life experience for a young adult in crisis

• To change the reputations of illnesses like psychosis

• To reduce the stigma of chronic brain health concerns
What is a Brain Health Condition?

- **Medical condition** that disrupts a person’s thinking, feeling, mood, ability to relate to others, and daily functioning

- Can affect **anyone** regardless of age, race, ethnicity, gender, socioeconomic status, education level, religion, or sexual orientation

- About **100,000 adolescents and young adults** in the US experience their first episode of psychosis each year
  - Due to excess dopamine in the brain
  - Typical time from onset of symptoms to evidence based care is 74 weeks!

- **Many, MOST, can and do recover**
2 important factors that contribute to development of psychotic disorders:

• **Genetics/Hereditry**
  - Common in families
  - No “schizophrenia gene”

• **Stress/Trauma**
  - Adolescence and early adulthood - especially vulnerable time
  - Abuse, extreme violence, significant loss, serious threats to harm or safety
  - Positive stressors of going to college, starting new jobs, becoming independent
5 characteristic symptoms of psychotic disorders

• Positive (does not refer to good – rather presence)

• Negative (does not refer to bad – rather absence)

• Disorganized speech, thoughts, or behavior

• Cognitive impairments

• Affective symptoms
How Do Symptoms Appear in Daily Life?

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

- Validated treatments – coordinated specialty care
  - Education about diagnosis, symptoms, expectations, for person and their family/support network
  - Therapy
  - Supported Education/Employment
  - Medications
  - Person centered care and shared decision making
  - Early, rapid interventions to avoid crisis situations
  - Collaborative, highly recovery oriented environment
  - Highly collaborative with primary care

- Ultimate goal is to enhance access to care for youth in need of mental health services - to change many lives!
Learning Objectives

• Learn how to engage and intervene with an individual experiencing psychosis
Key Points

• Not every individual who is psychotic is in danger or is dangerous

• Not every person behaving strangely is psychotic

• Not all situations in which you may be able to assist will be an acute crisis
How Can You Intervene

• HOW TO DETERMINE IMMEDIATE NEEDS
  – 5 basic steps:
    • Identify the person who appears to be at risk
    • Assess the environment to ensure that intervention is safe for you and the individual
    • Engage the individual in a dialogue about observable indicators and subjective symptoms of distress
    • Assess for safety
    • Coordinate a plan for treatment engagement
Systematic Assessment of the Situation

- Location
- Context
- Physical appearance of individual
- Behavior and words of the person
- Is environment safe?
- Explicit statement of danger
- Relationship between young person and responder

**Consider your safety first**
- Do NOT put yourself in danger
- Like oxygen masks on airplane – secure yours before assisting others
Assessment of the Person’s Safety

• Do I need to call for emergency services or not?

• If you determine it’s safe to approach, continue to gather information
  – “How is your day going”
  – “You seem worried, is there anything I can do to help?”
  – “Do you feel safe”
  – “Is there something you are afraid of?”
  – “I’d like to help you feel safer, is there something I can do?”
  – “Is there someone I could call to help you feel safer?”
  – “It seems like you’re feeling pretty angry. Is there anything in particular upsetting you?”
Assessment of the Person’s Safety

• If you feel there is a need to be concerned about situation, *don’t shy away from topic*
  – “Do you feel like hurting someone?”
  – “Do you feel like you want to end your life?”
  – “Are you having thoughts about not being alive anymore?”

• Person may have **difficulty articulating** due to disorganization
  – “I don’t know” is common

• Knowing **what is typical** for an individual is important to being able to know when things are different
What to expect when approaching with concern

- **Never easy** to discuss concerning or problematic behavior

- Adolescents battle for **independence** and development of self concept
  
  - Individual in psychotic crisis is no different
    - Experience **typical responses** when confronted with questions, concerns, and need for help
      - Bizarre, confusing, illogical symptoms may complicate these responses
      - Lack of insight plays a role – person feels experience is real, rational, and significant
      - It’s the world around the individual has changed and you are a part of that world

  - Not your responsibility to predict, control, or alter responses
    - Enter with open mind, prepared for myriad of different responses, be aware, lessen stigma
BASIC ENGAGEMENT BEHAVIOR

- Resistance is likely
- You can control your approach and response
- Create an environment that feels safe
- Interaction may go nowhere (and that’s ok, too)
  - May set up future interactions that will eventually lead to engagement (help set the stage)

- Verbal
  - Use simple and direct questions
  - Watch tone and prosody
  - Display empathy

- Non-Verbal
  - Body language
  - Eye contact
  - Personal space
Gentle ways to address Red Flags

- Behavioral changes that draw attention or raise concern
- Sudden or gradual
- Knowing what is normal for that person is really important

- Changes in Functional Abilities
- Changes in School or Work Performance
- Self Dialoging or Responding to Internal Stimuli
- Social Isolation
TYPICAL RESPONSES

• DENIAL
• DEFENSIVENESS
• FEAR and ANXIETY
• ANGER or AGGRESSION
• CONFUSION
INTRODUCING AND ENCOURAGING THE IDEA OF HELP

• Person may not agree to engage with you
• “Better Safe Than Sorry”

– Step 1: Create a Supportive Environment
– Step 2: Initiating the Conversation
– Step 3: Introducing the Notion of Treatment or Support
Provide general resources

– 911 or crisis line
– Mental health professional
– Supervisor, therapist, psychiatrist
– Parent, sibling, friend for collateral
HOW TO CONTINUE TO HELP

– Practical support
– Emotional support
– Supporting connections with additional resources
– Processing your own reactions
HOW TO DETERMINE IMMEDIATE NEEDS

CONCERN ABOUT AN INDIVIDUAL WAS BROUGHT TO YOUR ATTENTION

ASSESS THE ENVIRONMENT TO DETERMINE IF IT APPEARS SAFE TO INTERVENE

NO → Contact 911 or an emergency response service

YES → INQUIRE ABOUT CONCERNING BEHAVIOR WITH INTEREST AND CURIOSITY

“It seems like you might be dealing with some tough things right now. How can I help?”

DO YOU FEEL SAFE?

NO → HOW CAN I HELP YOU FEEL SAFE?

Respond appropriately based on response:
- Contact 911/emergency response service
- Contact trusted person
- Make a referral

YES → IT MIGHT BE HELPFUL TO TALK TO SOMEONE ABOUT WHAT YOU'RE GOING THROUGH. CAN I HELP YOU GET CONNECTED?

UNKNOWN OR UNABLE TO ASSESS

• Contact 911 or an emergency response service

• Provide referral
• Assist in making an appointment
Overall, how to react if someone you know is experiencing psychosis:

• Knowledge is helpful to support, assist in a crisis to better understand what is being experienced and perceived by the individual

• Symptoms are REAL and GENUINE

• If you are perceived as not believing, it will disrupt your therapeutic relationship and you will appear untrustworthy

• Empathize!
Learning Objectives

• Learn about resources in the community to assist an individual experiencing psychosis
First Episode Center In Avondale Is Trying To Catch Psychosis Early

http://kjzz.org/content/636662/first-episode-center-avondale-trying-catch-psychosis-early

Hudson Meek and his mom Christy Meek.
FIRST EPISODE CENTER TEAM

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Brandon Lee

Team Specialist
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Team Specialist
David Heffron

Education and Employment Specialist
Tina Jensen

Recovery Coach
Ari Blechner

Registrar
Sonia Salazar

Program Assistant
Christina Chavez

Psychiatrist
Aris Mosley, MD

Registered Nurse
Mireya Herrera
Where are we now?

• Members currently enrolled
  – Males
  – Females
• Age Range
• Court-Ordered Members now versus when first enrolled

• Insurance Benefit:
  – AHCCCS RBHA Serious Mental Illness
  – AHCCCS Complete Care Adults
  – AHCCCS Complete Care Children
Back to school and work!

- Currently employed
- Currently enrolled in college and/or GED programs (including Job Corps)
- Actively engaging with the Employment/Education Specialist
Living situation

- Homeless
- Own apartment
- Housing with staff support
- Residential treatment
- Live with Family
Medications

- Long-Acting Injectables
- Oral Medications
- Members Are NOT currently prescribed medications
Local Community Resources

• Emergency room

• Three 24-7 crisis centers that specialize in brain health conditions
  – Connections AZ Urgent Psychiatric Center (UPC)
    • 1201 S. 7th Ave Suite #150 Phoenix, AZ 85007, 602-416-7600

  – Recovery Innovations of Arizona (RIAZ) – Recovery Response Center West (RRC)
    • 11361 N 99th Ave. Suite #401-402 Peoria, AZ 85345, 602-650-1212

  – Community Bridges Inc (CBI): Community Psychiatry Emergency Center (CPEC)
    • 358 E. Javelina Ave. Mesa, AZ 85210, 877-931-9142

• Various psychiatric hospitals across the valley
  – Multiple Banner Hospital locations, Quail Run, Valley, Aurora, Oasis, Copper Springs, Destiny Springs
  – Soon to be open MIHS Maryvale Hospital in April 2019!
Local Community Resources

• Call 911

• Crisis Line
  – 602-222-9444 or 1-800-631-1314
  – 24 hours per day, 7 days a week
  – Trained crisis intervention specialists
  – Ability to dispatch a mobile team

• Warm Line
  – 602-347-1100
  – 24 hours per day, 7 days a week
  – Peer run
Local Community Resources

• Referral from one’s insurance for a therapist or psychiatrist
• AHCCCS/Medicaid application for Mercy Care services
  – ACC or RBHA
Local Community Resources

• Specific clinics for first episode psychosis in Phoenix metro area:

  – MIHS First Episode Center
    • 950 E. Van Buren Street, Avondale, AZ 85323
    • 623.344.6870

  – PSA Epicenter
    • 1415 N. 1st Street, Phoenix, AZ 85004
    • 602.595.5447
Early psychosis and psychosis

Most people think of psychosis as a break with reality. In a way it is. Psychosis is characterized as disruptions to a person’s thoughts and perceptions that make it difficult for them to recognize what is real and what isn’t. These disruptions are often experienced as seeing, hearing and believing things that aren’t real or having strange, persistent thoughts, behaviors and emotions. While everyone’s experience is different, most people say psychosis is frightening and confusing.

Psychosis is a symptom, not an illness, and it is more common than you may think. In the U.S., approximately 100,000 young people experience psychosis each year. As many as three in 100 people will have an episode at some point in their lives.

Early or first-episode psychosis (FEP) refers to when a person first shows signs of beginning to lose contact with reality. Acting quickly to connect a person with the right treatment during early psychosis or FEP can be life-changing and radically alter that person’s future. Don’t wait to take the first step and prepare yourself with information by reviewing these tip sheets.

What is Early and First-episode Psychosis?
Early Psychosis: What’s Going on and What Can You Do?
Encouraging People to Seek Help for Early Psychosis
Early Intervention: Tips for School Staff and Coaches
How you can help...

The Wall Street Journal calls Mental Health First Aid a fast-growing program that trains people to understand and respond to people in distress.

Get Involved and Make a Difference

Let’s make Mental Health First Aid as common as CPR.

Instructors are the backbone of the movement.

Because we can all be more aware and more informed.
NATIONAL RESOURCES

- Active Minds
- Alcoholics Anonymous
- American Foundation for Suicide Prevention
- American Psychiatric Association
- American Psychological Association
- Hearing Voices Network
- Marijuana Anonymous
- Mental Health America
- Mentalhealth.gov
- Narcotics Anonymous
- NAMI
- National Federation of Families for Children’s Mental Health
- National Institute of Mental Health
- National Resource for Hispanic Mental Health
- National Suicide Prevention Lifeline
- OK2TALK
- SMART Recovery
- StrengthofUs
- SAMHSA
- Suicide Prevention Resource Center
- TeenMentalHealth
- World Health Organization
First Episode Center

Providing **HOPE** to lead a full and meaningful life.