WASHINGTON STATE’S
NEW JOURNEYS
EARLY INTERVENTION PROGRAM
FOR FIRST-EPIGODE PSYCHOSIS
SHARING SUCCESSES & LESSONS LEARNED

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What is first-episode psychosis; facts and myths; symptoms; causes
Coordinated Specialty Care; New Journeys programs; facilitators and barriers to implementing New Journeys
RESULTS FROM WASHINGTON STATE'S NEW JOURNEYS PROGRAM

OVERVIEW

CAUSES & ONSET

Psychosis affects a person's mind, feelings, & behavior. Everyone who experiences psychosis experiences it differently.

Intervention

Currently, only 3 in 3 get help. Let's change this.

Specialized early intervention helps people get better faster and return to their regular lives more quickly. Delaying treatment may lead to slowed recovery.

Road to Recovery

Recovery is a process. Each person who has experienced psychosis will define recovery in their own way.
CAUSES & ONSET

Because psychosis affects a person’s mind, feelings, & behaviour, everyone who experiences psychosis experiences it differently.

Psychosis occurs in ~3% of the population. Onset usually occurs during adolescence and can be due to several factors, including biology, stress, trauma, and drug use.
The term “psychosis” describes conditions that affect the mind, causing a **loss of contact with reality** or trouble deciding on what is real and what is not real.
**FACTS AND MYTHS**

**Myth: Psychosis is the result of bad parenting.**
- Fact: Psychosis is a medical disorder that affects the brain. Like any other injury, the brain needs to heal. This might mean that the person sleeps a lot, not that they’re lazy.

**Myth: People with psychosis are “stupid.”**
- Fact: The person’s learning difficulties may be due to illness, not a lack of intelligence.

**Myth: Psychosis results from a personality weakness or character flaw.**
- Fact: Psychosis has nothing to do with being weak. It results from changes in the way the brain works. Medication and therapy can help.

**Myth: People with a psychotic illness are dangerous and violent. They’re psychopaths.**
- Fact: Having psychosis and being a psychopath are not the same. People who suffer from psychosis are rarely violent. They’re more often frightened, confused, and despondent.

[STIGMA]
There is some indication that psychosis is caused by a combination of biological factors as well as chemical imbalances, which create a vulnerability to experiencing psychotic symptoms during adolescence or early adult life.
<table>
<thead>
<tr>
<th>Decrease Vulnerability</th>
<th>Increase Vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy Lifestyle:</strong></td>
<td><strong>Brain development age 16-30</strong></td>
</tr>
<tr>
<td>• Sleep</td>
<td>• Genetics</td>
</tr>
<tr>
<td>• Nutrition</td>
<td>• Drugs</td>
</tr>
<tr>
<td>• Exercise</td>
<td>• Medical Conditions</td>
</tr>
<tr>
<td>• Social support</td>
<td>• Lack of Sleep</td>
</tr>
<tr>
<td>• Avoiding alcohol &amp; street drugs</td>
<td>• Stress</td>
</tr>
<tr>
<td>• Antipsychotic medicines</td>
<td>• Isolation</td>
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**Increase Vulnerability**
• **Hallucinations** - hearing, seeing, smelling, tasting or feeling things that other people generally do not.

• **Delusions** - persistent, irrational, out of character, fixed false beliefs

• **Confused Thinking and Other Cognitive Difficulties**

• **Disturbances to speech, emotional expression, and movement**
NEGATIVE SYMPTOMS - LOSS OF NORMAL FUNCTIONING

- Lack of motivation
- Difficulty accomplishing everyday tasks
- Difficulty concentrating
- Absent or restricted speech
- Not emotionally expressive, blank stares
- Inability to feel pleasure
- Lack of interest in people
FILTERING STIMULI

Mental Filter

- Noise
- Light
- Smells
- Touch

- Noise
- Light
- Smells
- Touch
Are people who experience psychosis dangerous?

• People experiencing psychosis are no more likely to be violent than people who do not experience psychosis.
• Psychosis is often sensationalized in the media, misunderstood and the cause of stigma
• People who experience psychosis are much more likely to be victimized than other people.
WHAT IS IT LIKE?

PEOPLE WITH PSYCHOSIS SAY IT FEELS LIKE:

- You're special, but it's not right
- It is hard to trust your version of the world around you
- Constantly arguing with yourself
- You're looking around for the source of the voice you heard or the object that just flashed by—even if you're by yourself
- You're frightened and confused and don't want to tell people what is going on
- People and things randomly become scary
- Seeing faces; hearing voices and sometimes what sounds like a leaky pipe
- You're paranoid about the world around you, but don't want to be
- You can't think, or learn anything new because your brain stopped working
- You have some sort of special power or 6th sense that you cannot control
- You are not safe in your own house sometimes
- You're not alone, but you've been betrayed
- Your feelings went away
- Being stuck at a carnival fun house—you don't know what is real and things are distorted
- Terrifying, noisy, lonely and frustrating
- Being confused and excited at the same time
- Oh God—Is that real, or is that me?
WHAT IS IT LIKE TO EXPERIENCE SCHIZOPHRENIA?

ANY VOLUNTEERS?
WHAT IS COORDINATED SPECIALTY CARE?

WHAT IS NEW JOURNEYS?

HOW DOES CSC TRANSLATE INTO NEW JOURNEYS?

FACILITATORS AND BARRIERS TO IMPLEMENTING NEW JOURNEYS

LESSONS LEARNED AND SUCCESS STORIES

INTERVENTION

Currently, only 1 in 3 get help. Let’s change this.

Specialized early intervention helps people to get better faster and return to their regular lives more quickly. Delaying treatment may lead to slower recovery.
NEW JOURNEYS
EARLY INTERVENTION PROGRAMS

COORDINATED SPECIALITY CARE

MULTIDISCIPLINARY

SHARED-DECISION MAKING

MULTI-COMPONENT

Pharmacological Treatment

Family Education

Peer Support Services

Case Management

Individual Resiliency Training (IRT)

Supported Employment & Education

NAVIGATE

Supported Employment & Education

Family Education

Peer Support Services

Case Management

Individual Resiliency Training (IRT)

Pharmacological Treatment

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES
DBHR Division of Behavioral Health and Recovery
PROGRAM IMPLEMENTATION

FACILITATORS

- Navigate is a comprehensive intervention program that together with consultation provides effective resources for the clinical team working with diverse situations and complex issues.
- Team orientation is based on shared decision making supporting a positive recovery orientation.
- The community (schools, hospitals, crisis teams, physicians & families) welcome this resource.  
  - Hope

BARRIERS

- Recruiting, training and retaining a qualified team of professionals who have a passion for working with individuals with first episode psychosis.
- Treatment match /coordinated specialty care can be frustrating - up to 70% of referrals screen out.
- Engagement efforts: Quarterly mileage totals 
  January-February-March 2018: 46 hours staff time; 4533 miles traveled
  This is enough miles to travel to Chicago and Back!
BHR New Journeys Thurston/ Mason Counties 2018 1st quarter metrics:

- 22 program participants
- 468 hours of face to face contact
- 13 families involved in Family Education
- 6 participants engaged in New Journeys group
- 5 participants obtained and sustained employment
- 9 participants attend school
- 2 on track to graduate high school
- 2 participants making progress toward their GED
- Positive symptom reduction for 3 participants transitioned to long acting injectable.
- WSU shows the overall trend on the GAD7, PHQ 9, CAPE P15 is improved scores (EBP Toolkit measures of anxiety depression and symptoms of psychosis.)
- 2 Recovery Celebrations to honor progress participants have made in treatment.
“I’m going to school and I get outside more, I’m socializing more, I’m a lot happier than I used to be. I’m not angry that much anymore, I was always angry and yelling at my voices before, even though I still get angry with them sometimes, more often these days I am nice to them.”
LESSONS LEARNED

- Documentation and more documentation
  - Training time and more training time
- Ongoing need for continued community engagement to generate new referrals
  - Creating agency infrastructure
- Complex clinical issues
WHAT HAVE THE OUTCOMES FOR NEW JOURNEYS LOOK LIKE?

WHO HAS NEW JOURNEYS SERVED SO FAR?

ARE SERVICES FOR NEW JOURNEYS BEING USED?

WHERE TO WE GO FROM HERE

Recovery is a process. Each person who has experienced psychosis will define recovery in their own way.
EVIDENCE BASED PRACTICES TOOLKIT

- EBP Toolkit is a secure online platform used by consultants and researchers to track participating provider information.
- Team members administer monthly assessments for each client using the EBP Toolkit which allows us to accumulate client-level and service-level outcomes.
EBP TOOLKIT - CLIENT CHANGES OVER TIME
NEW JOURNEYS ELIGIBILITY

Eligibility Requirements

**Age Criteria**
- 15 ≤ 40 years of age

**Primary Diagnosis**
- One of the following:
  - Schizophrenia
  - Schizoaffective Disorder
  - Schizotypal Disorder
  - Brief Psychotic Disorder
  - Other Specified Psychotic Disorder

**Symptom Timeline**
- Psychotic symptoms > 1 week AND < 2 years
- No more than 1 episode of psychosis

**Drug/Medication Use**
- Participant's Psychosis is NOT due to substance intoxication and/or withdrawal
- Antipsychotic medication used for ≤ 6 months
# NEW JOURNEYS DEMOGRAPHICS N=66

<table>
<thead>
<tr>
<th>Variable</th>
<th>%  (n)</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age (years)</td>
<td></td>
<td>18.9 (2.5)</td>
</tr>
<tr>
<td>Male</td>
<td>79% (51)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>21% (15)</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>48% (28)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>24% (14)</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>12% (7)</td>
<td></td>
</tr>
<tr>
<td>Alaska Native</td>
<td>8% (5)</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>4% (2)</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td>4% (2)</td>
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</tr>
<tr>
<td>Hispanic or Latino</td>
<td>43% (25)</td>
<td></td>
</tr>
<tr>
<td>Enrolled in School</td>
<td>42% (22)</td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td>4% (2)</td>
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<tr>
<td><strong>Referral source:</strong></td>
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<td></td>
</tr>
<tr>
<td>Mental Health Care Provider</td>
<td>66% (43)</td>
<td></td>
</tr>
<tr>
<td>Medical Provider</td>
<td>15% (10)</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>9% (6)</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>3% (2)</td>
<td></td>
</tr>
<tr>
<td>Social Services</td>
<td>2% (1)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>5% (3)</td>
<td></td>
</tr>
<tr>
<td>Mean Duration of Untreated Psychosis (months, n=45)</td>
<td>7.2 (6.5)</td>
<td></td>
</tr>
<tr>
<td><strong>Frequencies at Baseline</strong></td>
<td></td>
<td></td>
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<tr>
<td>Alcohol Use (last 30 days)</td>
<td>15% (9)</td>
<td></td>
</tr>
<tr>
<td>Marijuana Use (last 30 days)</td>
<td>28% (17)</td>
<td></td>
</tr>
<tr>
<td>Cigarette Use (last 30 days)</td>
<td>35% (22)</td>
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</table>
**Clinical Measures**

- **Depression**: Patient Health Questionnaire-9 (PHQ-9)
- **Anxiety**: Generalized Anxiety Disorder 7-item (GAD-7)
- **Psychotic Experiences**: Community Assessment of Psychiatric Experiences—Positive Scale (CAPE-P15)
  - Brief measure of psychosis, mania, depression, anxiety
- **Psychotic Symptoms**: Clinician-Rated Dimensions of Psychosis Symptom Severity (CRDPSS)
  - Brief measure of psychosis, mania, depression, anxiety
TWO YEAR CLINICAL OUTCOMES
Clinical Measures

- **Depression**: Patient Health Questionnaire-9 (PHQ-9)
- **Anxiety**: Generalized Anxiety Disorder 7-item (GAD-7)
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  - Brief measure of psychosis, mania, depression, anxiety

Functional Measures

- **Quality of Life**: Healthy Days Core Module (HDCM)
  - a general sense of the participant’s perception of their physical and mental health.
- **Education**: “Are you currently enrolled in school?”
- **Employment**: “Have you attended work or volunteered twenty or more hours per week in the last month?”
TWO YEAR FUNCTIONAL OUTCOMES
- Individual Resiliency Training (IRT)
- Individual Placement Support (IPS)
- Medication Management (MMS)
- Case Management (CMS)
- Family Psychoeducation (FPS)

<table>
<thead>
<tr>
<th>Service</th>
<th>Participant Attendance (per month)</th>
<th>Family Attendance (per month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRT</td>
<td>2.50</td>
<td></td>
</tr>
<tr>
<td>IPS</td>
<td>1.44</td>
<td></td>
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<tr>
<td>MMS</td>
<td>0.83</td>
<td></td>
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<tr>
<td>CMS</td>
<td>0.26</td>
<td></td>
</tr>
<tr>
<td>FPS</td>
<td>0.68</td>
<td>1.19</td>
</tr>
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To implement New Journeys sites statewide, adding a minimum of two new sites in the spring of 2019

- Develop a network of providers, screeners, and system partners with expertise in working with early episode psychosis clients
- Strengthen the peer support role on each team
- Create sustainability for the programs by braiding current funding mechanism and identifying a path to fully covered services
- Continue our the efforts to make early identification and treatment of psychosis common practice in order to reduce the duration of untreated psychosis so that recovery is possible
THANK YOU!

Elizabeth Venuto, MSW
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