Clinical High Risk for Psychosis: The Case for Parallel Universes

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Reflections

• How we got here

• What EASA has learned from our experiences expanding to CHR

• Important considerations
The Case for Parallel Universes

- Lived experience of psychosis (consumer movement, peer support, why we’re here)
- Adult System of Care (“priority populations”, Individual Placement and Support, Illness Management and Recovery)
- Children’s System of Care (Wrap-around & system of care concepts, service integration)
- Brain research (NIMH, Prodrome/CHR)
- Service delivery research (SAMHSA)
North American Prodrome Longitudinal Study: A Collaborative Multisite Approach to Prodromal Schizophrenia Research

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This article presents the rationale, design, and preliminary findings of the North American Prodrome Longitudinal Study (NAPLS), a collaborative, multisite investigation into the predictors of psychosis onset and functional disability, and the impact of early treatment on the course of prodromal symptoms.

Key words: psychosis/prodrome/schizophrenia/consortium/early detection/prevention/NAPLS

Introduction

There has been increasing interest in the potential for early detection and intervention during the prodromal phase of a psychotic disorder, i.e., the period of functional decline before full-blown psychotic symptoms first appear. Interceding here, when psychological and interpersonal resources may be relatively intact, may offer the greatest opportunity to redirect the illness’ negative trajectory. In the United States, research into the schizophrenia prodrome was spurred by the 1999 program announcement issued by the National Institute of Mental Health (NIMH), “Prevention and Early Intervention in Psychotic Disorders.” 7 projects subsequently funded by NIMH between 2000 and 2003 focused on refining prodromal diagnostic criteria, characterizing prodromal stages in greater detail and improving the accuracy of risk predic-
Cortical abnormalities in youth at clinical high-risk for mental illness

https://www.ncbi.nlm.nih.gov › pmc › articles › PMC6541907

by Y Chung - 2019 - Related articles
May 23, 2019 - T1 MRI scans from 378 CHR individuals and 190 healthy controls (HC) from the North American Prodrome Longitudinal Study (NAPLS2) were analyzed.

Neurocognitive profiles in the prodrome to psychosis in adolescents


by E Velthorst - 2019 - Cited by 1 - Related articles
Aug 2, 2019 - Neurocognitive profiles in the prodrome to psychosis in NAPLS-1. ... age 18.4) in the first phase of the North American Prodrome Longitudinal Study (NAPLS-1), ...

Metabolic abnormalities and low dietary Omega 3 are associated with symptom severity in early psychosis

https://www.sciencedirect.com › science › article › pii

by KS Cadenhead - 2019 - Cited by 4 - Related articles
Feb 15, 2019 - Metabolic abnormalities and low dietary Omega 3 are associated with symptom severity and worse functioning prior to the onset of psychosis: Findings from the North American Prodrome Longitudinal Studies Consortium.

Progressive reconfiguration of resting-state brain networks as disease progresses

https://www.sciencedirect.com › science › article › pii

by H Cao - 2019 - Cited by 4 - Related articles
2001 Early Psychosis Implementation in Community Settings

PIER: Clinical High Risk

EASA (EAST): First Episode
Early Detection and Intervention for the Prevention of Psychosis in Adolescents and Young Adults

An RWJF national program replicates the Portland Identification and Early Referral (PIER) Program

SUMMARY

The Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP)\(^1\) helps to identify and curb acute psychotic illness before it begins. Targeted at young people, the $16.9 million national program of...
Personalized Prediction of Psychosis: External validation of the NAPLS2 Psychosis Risk Calculator with the EDIPPP project

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THE INTEGRATION OF EARLY PSYCHOSIS SERVICES IN A SYSTEM OF CARE FRAMEWORK:
Opportunities, Issues, and Recommendations

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When is the science “good enough” for the community?

Source:
Larinda Fandrich, Pintrist
June 2017: Deliberating “Are We Ready”
June 2017

Science

Community

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<th><strong>PRO</strong></th>
<th><strong>CON</strong></th>
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<tr>
<td>• Many communities already doing CHR with limited guidance (California, Oregon, etc.)</td>
<td>• Learning curve</td>
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<td>• Consistent with mission</td>
<td>• Needs sophisticated diagnosis using structured process</td>
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<td>• Young people asking for earlier identification</td>
<td>• Research focused mainly on conversion and less on functioning</td>
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<td>• Psychosis threshold means greater acuity and consequences; higher doses and harder to engage</td>
<td>• Importance of manualized approaches (family, CBT)</td>
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<td>• Number of “false positives” could dilute intensity of psychosis care</td>
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<td>• Ethical concerns: Language, etc.</td>
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Resources and Tools

- Addington: Metaanalyses based on target
- Seidman: Risk calculator (his advice: Only measure it if you have something to do about it)
- Schiffman: Modular approach
- Cadenhead: Environmental pressure and impact on identity
Early Assessment and Support Alliance

- Five-county first episode program 2001-2006
- Psychosis threshold created high levels of trauma, involuntary care, higher doses, harder to engage
- 2007 joined EDIPPP study; added Clinical High Risk to first five counties
- 2010 officially added CHR to statewide expansion
- 2013 joined National Training and Technical Assistance Center for Children’s Behavioral Health (NTTAC, funded by SAMHSA)
- 2016 co-authored article on CHR in Systems of Care
- 2017 helped plan and facilitate NIMH/SAMHSA sponsored meeting on state of CHR science and implementation
- 2018 received SAMHSA CHR grant
- 2018 began NTTAC CHR/EP Learning Community/Learning Management System with Stanford
National Evolution of CHR

• North American Longitudinal Study (NAPLS, NIMH)
  – Brain development during onset
  – Progression of symptoms
  – Predicting conversion to psychosis
  – Identify formation
• Portland Identification and Early Referral 2001
• Early Detection for the Intervention and Prevention of Psychosis Program (EDIPPP, Robert Wood Johnson Foundation, 2007-2010)- 6 sites (Maine, UC Davis, U Michigan, RAPP in New York City, Oregon, New Mexico)
• 2014 Federal Block grant conversations; PEPPNET created
• 2017 expert convening (NIMH-SAMHSA)
• 2018 SAMHSA CHR grants (22)
• National Training and Technical Assistance Network for Children’s Behavioral Health CHR/Early Psychosis Learning Community
Current Challenges in CHR

• Diagnostic accuracy and training of staff
• Ensuring individuals with psychosis get rapid, effective, comprehensive care at all stages
• Understanding incidence while dealing with “false positives”
• Increasing accuracy of predicting onset
  – Risk Calculator
  – New online tools
  – Research on language patterns (Corcoran)
Why EASA took on CHR

• Realized we were already serving them (more accurate diagnosis)
• Young adults consistently advocating for earlier intervention
NTTAC Learning Community: Territory Covered

• Watch PEPPNET for updates!
• State of the Science
• Core elements
• International guidelines
• Assessment
• Family and peer services and supports
• Community education
• CBTp in Clinical High Risk
Important informative research

- Addington meta-analyses
  - Broken out by target (i.e. conversion vs. functioning, cognition)
  - If studies haven’t targeted the area research is inadequate to guide (cognition, functioning)
  - Consistent evidence for CBT and structured family interventions

- Importance of careful diagnosis and using manualized approaches
The Universes Come Together

- SAMHSA grantees
- PEPPNET
- NTTAC Learning Community
- EPINET/Learning Health Care
Current challenges

• Improving targeting and reducing “false positives”
• Potential for diverting from intensive needs of first episode (need both)
• Incidence not clear due to “false positive” issue
• Training clinicians who have limited skill and experience in diagnosis, psychosis, core practices
• Measuring success- Are there fewer first episodes/ hospitalizations in the community?
Other CHR Challenges

- Advisory groups and feedback - explaining the difference and recognizing diversity of experiences
- Importance of accurate communication about condition
- Interventions may need to look different due to lower acuity and disability
Questions and follow-up?

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