STRUCTURED SUPPORT FOR THE EARLY PSYCHOSIS COORDINATED SPECIALTY CARE TEAM:
Strategies to Prevent and Address Burnout

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STRUCTURED SUPPORT FOR THE EARLY PSYCHOSIS COORDINATED SPECIALTY CARE TEAM:

Strategies to Prevent and Address Burnout

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First Episode Psychosis program model formerly known as PREP (Prevention and Recovery in Early Psychosis)

Developed in 2007 in San Francisco as a community-academic partnership between Felton Institute and University of California San Francisco (UCSF)
COVERAGE AREA

- (re)MIND®
  - 5 Sites

- Felton BEAM UP®
  - 2 sites

- BEAM
  - 3 sites

San Francisco Bay Area | California Central Coast
# MODEL COMPONENTS

- Rigorous Diagnostic Assessment – SCID / SIPS
- Individual Psychotherapy – CBT for Psychosis
- Psychoeducational Multifamily Groups – MFG
- Supported Employment and Education – IPS
- Algorithm-Guided Medication Management
- Intensive Care Coordination
- Family Support
- Peer Support
- Support Groups
- Access to Computer-Based Cognitive Rehabilitation Training (research sites)
TEAM STRUCTURE
Burnout

“Psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment”. (Maslach & Leiter, 2016, p.103)

Self-care as “care for the self, by the self” is necessary (ethical imperative), adequate, but insufficient intervention for burnout.

Departure from the framework of maintaining balance between “individual self” and “professional self”. (Bressi & Vaden, 2017)
## Risk Factors

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**Exposure to Indirect Trauma**

**DEFINING BURNOUT**

CSC WORKFORCE

ORGANIZATION-LEVEL STRATEGIES

INDIVIDUAL-LEVEL STRATEGIES
Indirect Trauma

**Compassion Fatigue:**
- Not restricted to working with trauma survivors
- Loss of ability to empathize with clients (Stebnicki, 2000)

**Secondary Traumatic Stress:**
- Analogous to PTSD
- “Being exposed to a traumatizing event experienced by one person becomes a traumatizing event for another person” (Stamm, 1999, p.11)

**Vicarious Trauma:**
- Change in the inner experience of the clinician as result of empathic relationship with another person’s traumatic material (Knight, 2013)
CSC Team | Burnout Risk Factors

- Early career development
- Limited training background in psychosis
- Insecurity about learning/implementing EBPs, fidelity monitoring and being evaluated in their work settings
- Culture of intensive early psychosis learning as a part of the job
- Intense workload and competing demands
- “Whatever-It-Takes” approach requires strong professional skills and self-care discipline
CSC Team | Indirect Trauma Risk Factors

DEFINING BURNOUT

CSC WORKFORCE

ORGANIZATION-LEVEL STRATEGIES

INDIVIDUAL-LEVEL STRATEGIES

Trauma and Psychosis:
- High prevalence of trauma among people with psychosis (trauma exposure rates between of 49-100%). (Grubaugh, Zinzou & Paul, 2011)
- Post-traumatic reactions to psychosis (Lu, Mueser & Rosenberg, 2017)

Trauma and Early Psychosis:
- A great number of youth and young adults served by early psychosis teams have experienced at least one traumatic event or significant adversity. (Blanch, Hardy, Loewy, and Niendam, 2018, p. 16)

Trauma-Informed Care: “Universal Precautions” Approach
Organizational Resources
- Employee Assistance Plan (EAP)
- Benefits (paid time off and adequate health plans) and other resources
- Training and education
- Safe and comfortable work environment

Specialized Resources
- Education on trauma
- Appropriate supervision and consultation for the multidisciplinary team (IPS, peer support, clinical, medical, leadership)
- Early Psychosis specialized training and coaching
- Diffuse intensity of clinical work with training, writing, supervising, participating in research, etc.

Clinical Operations Structure
- Team approach (clinician + peer + EES + NP)
- Caseloads managed according to intensity and risk
- Strong care coordination model and team structure
- Weekly acknowledgment of individual, team, and client strengths
DEFINING BURNOUT
CSC WORKFORCE
ORGANIZATION-LEVEL STRATEGIES
INDIVIDUAL-LEVEL STRATEGIES

“Care of the clinician should receive the same attention given to care of consumers.”

(Arledge & Wolfson, 2001)
Individual Protective Factors
(Best Start Resource Centre, 2012, p. 21-22)

- Self-awareness
- Help-seeking behavior
- Balance in life
- Self-care strategies
- Seeks opportunities to learn
- Optimism
- Boundary setting
- Healthy emotional expression
- Compassion Satisfaction
- Taking care of the whole person:
  - Physical
  - Emotional
  - Mental
  - Spiritual
  - Social
  - Financial
  - Occupational
Questions and Comments

DEFINING BURNOUT
CSC WORKFORCE
ORGANIZATION-LEVEL STRATEGIES
INDIVIDUAL-LEVEL STRATEGIES

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References:


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