

# WELLNESS AND RECOVERY AFTER PSYCHOSIS

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BOSTON  
MEDICAL  
CENTER

EXCEPTIONAL CARE. WITHOUT EXCEPTION.

# OVERVIEW

- ❖ What is psychosis?
- ❖ WRAP Program and Services
- ❖ Coordinated Specialty Care
- ❖ Current Status and Next Steps

# WHAT IS PSYCHOSIS?

- Psychosis is a wide array of symptoms including disruptions of thinking, perception, and connection with reality.
  - Common– presents in diverse settings and patients
  - Focusing today on schizophrenia “spectrum” and bipolar I
- Schizophrenia can include
  - **Mood Symptoms:** Depressive symptoms, anxiety
  - **Cognitive Symptoms:** working memory, and attentions deficits
  - **Positive Symptoms:**
    - Delusions: false beliefs, grandiose, and persecutory delusions
    - Hallucinations: visual, auditory, and somatic hallucinations
  - **Negative Symptoms:** anhedonia (lack of pleasure), asociality, and avolition (lack of motivation)



## PSYCHOSIS IN...

- Schizophrenia: often accompanied by negative symptoms, flat/neutral affect (despite periods of agitation), cognitive symptoms, disorganized thinking and speech, cognitive impairments
- Bipolar disorder: occurs concurrently with (usually at the height of) mood symptoms, themes are often “mood congruent”
- PTSD/acute stress: themes directly relate to stressors/traumas
- Borderline PD: often longstanding, chronic psychotic symptoms that are not the most interfering part of the illness (may actually represent distraction/coping)

# RISK FACTORS

## ➤ **Neurodevelopmental**

- In utero insults: maternal infections, starvation during pregnancy (e.g. folate deficiency), obstetric complications (preterm birth, preeclampsia)

## ➤ **Environmental factors**

- Traumatic life events
- Urban living
- Immigration (1<sup>st</sup> and 2<sup>nd</sup> generation immigrants)
- Cannabis use (high THC content)

**Many of our patients at BMC have elevated risk of developing psychosis**

# “DIATHESIS-STRESS” MODEL – WHAT DOES IT REALLY MEAN?

- Twin concordance ~50%: half of risk is “set” by the time baby is delivered
  - Includes genes, fetal environment, labor complications
- What is the difference between twins? Environment.
  - Twin 1 has positive friend group, avoids drugs, positive relationship with parents
  - Twin 2 hangs out with less positive peer group, uses marijuana and other drugs, has traumatic experiences with criminal justice system and high conflict with family
- Childhood trauma and adversity increases risk for psychotic disorders

# FIRST EPISODE PSYCHOSIS

- Early phase of psychosis is a crucial opportunity to intervene and alter the course of the illness
- In the U.S., treatment is delayed between one and three years

# DURATION OF UNTREATED PSYCHOSIS

- DUP: measured from the start of continuous psychotic symptoms until initiation of treatment.
- Shorter DUP → Better prognosis
  - Better response to antipsychotic medication once administered
  - Better symptomatic and functional recovery
  - Fewer negative symptoms
  - Fewer suicide attempts

Probably both physiologic and social mechanisms for this phenomenon





# WHY DO PATIENTS HAVE PROLONGED DURATION OF UNTREATED PSYCHOSIS?

- Patient factors: Poor insight, isolated, mistrust of providers/medical model (“demand”)
- Service factors: long wait lists, \$\$\$, access barriers (“supply”)
- Other factors?

# PSYCHOSIS DOESN'T COME OUT OF THE BLUE (USUALLY)

- “Prodromal” period characterized by depression/anxiety, substance use, loss of functioning, isolative behavior, attenuated psychosis symptoms (tangential speech, suspiciousness, ideas of reference)

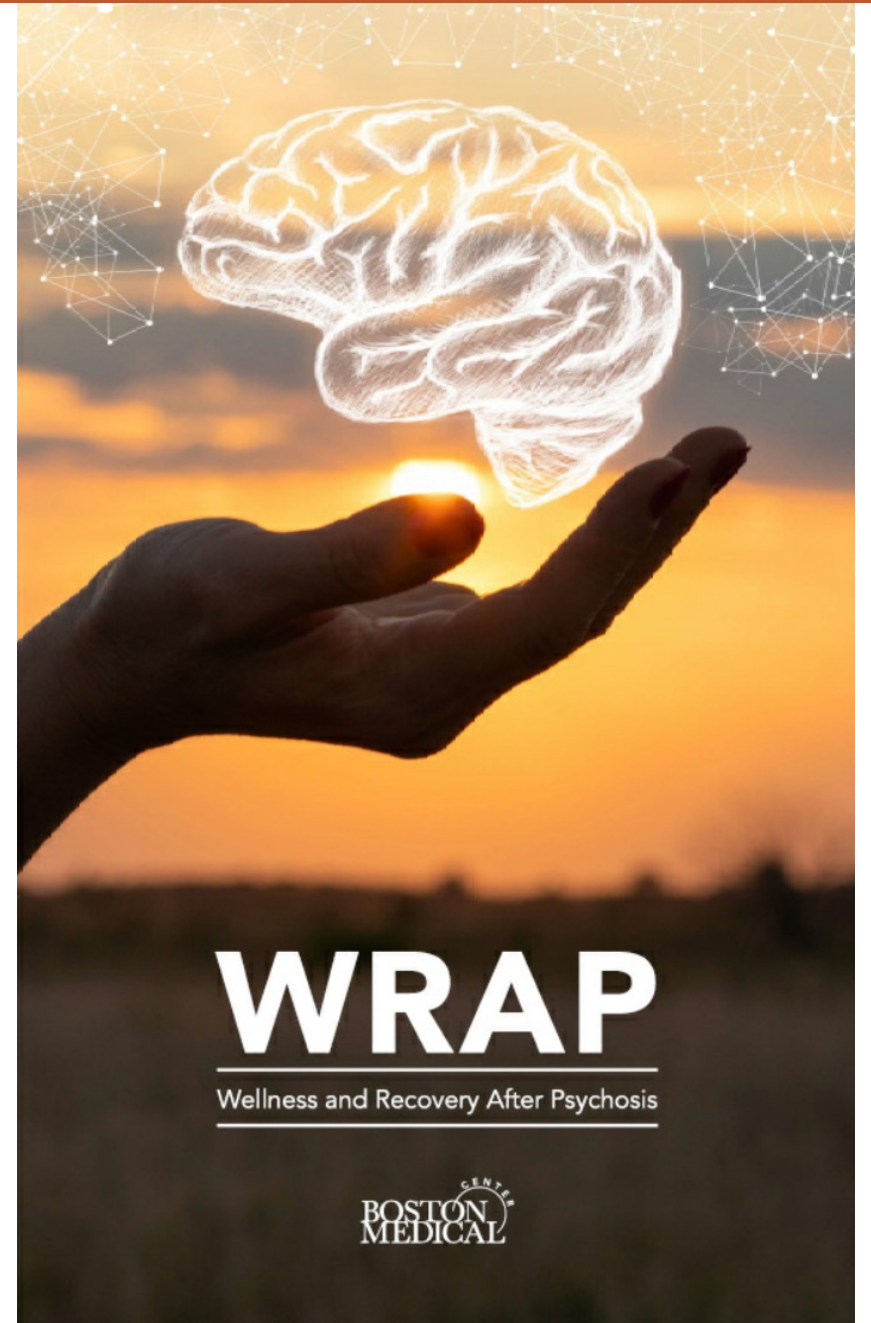
# PSYCHOSIS INTERSECTS WITH DEVELOPMENTAL MILESTONES

- Average age of schizophrenia onset = 21; bipolar disorder also usually establishes in adolescence/early adulthood
- What else is happening at age 20/21?

# PSYCHOSIS AND SUBSTANCE USE

- Amphetamine (Adderall & others) can catalyze and exacerbate psychosis
- THC – especially high concentration formulations, used early & often, can increase risk for psychosis and exacerbate existing symptoms

# WELLNESS AND RECOVERY AFTER PSYCHOSIS



## WRAP

Wellness and Recovery After Psychosis

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# OUR SERVICES

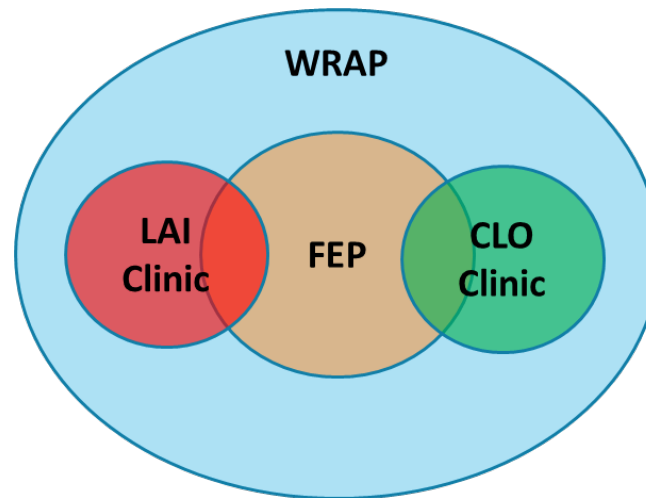
Our goal is to provide evidence-based, specialized care for individuals with a primary psychotic illness

- WRAP services include
  - Medication Management
  - Individual therapy
  - Group therapy
  - Family therapy, with psychoeducation about psychosis
  - Peer specialist support
  - Therapy available in English, Spanish, Haitian Creole languages



# WRAP SPECIALTY CLINICS

- FEP Clinic
  - Criteria: Within first 5 years of onset of psychosis (all ages)
- Clozapine Clinic
  - Provides clozapine, an antipsychotic medication, often prescribed for treatment refractory psychosis
- Long-acting injectable clinic
  - Administration of Long-Acting Injectable (LAI) antipsychotic medications



# FEP CLINIC

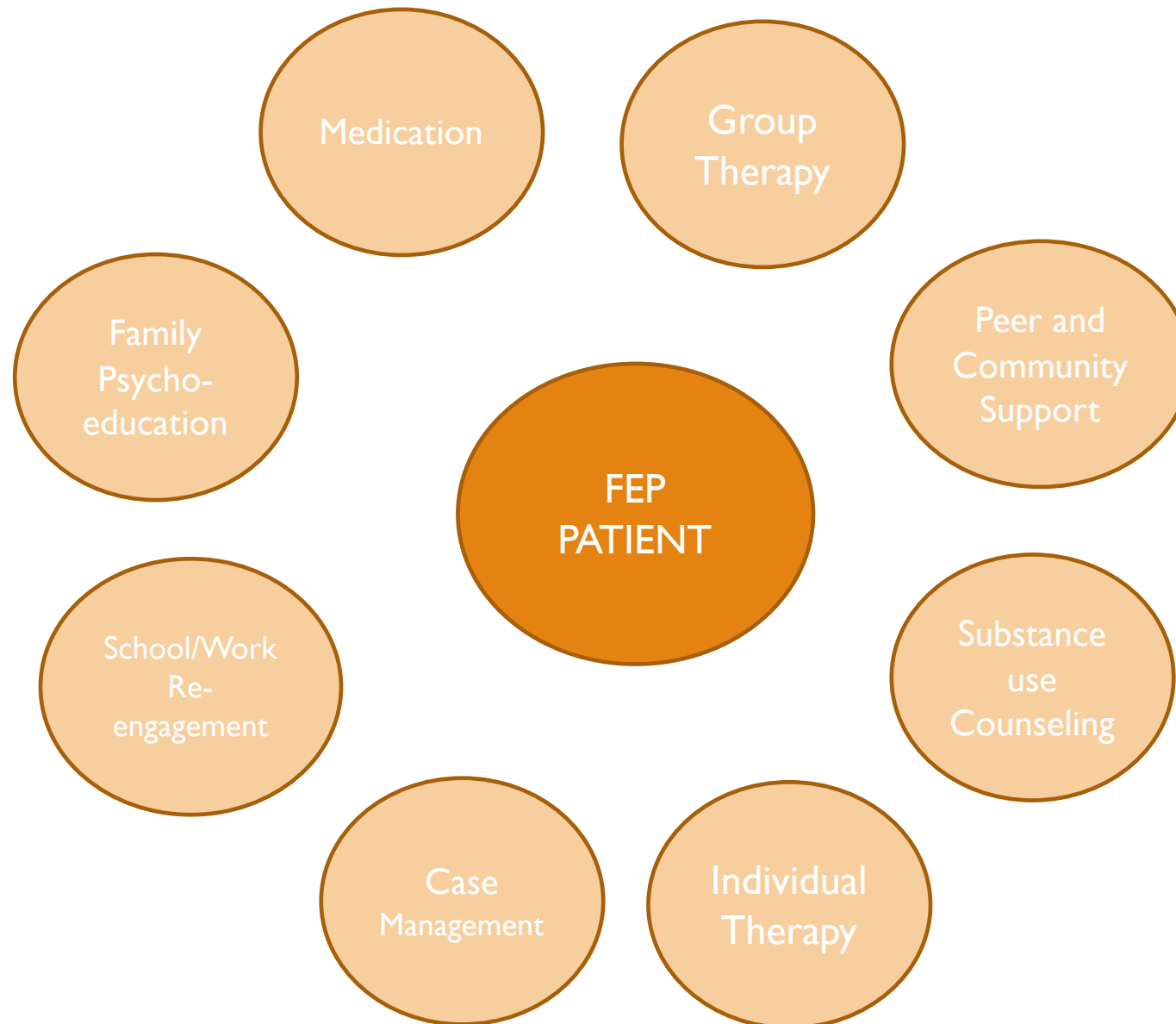
- We use CSC model to provide evidenced-based treatment for individuals within the first years after a first episode of psychosis, team meets weekly to coordinate care.
- Team-based approach to care
  - Implemented in community clinics
  - Improve functional clinical outcomes
- Medication Management
- Individual therapy (IRT, substance use focused, CBT)
- Group therapy
- Family therapy
- Family support group
- Peer support



# OUR TEAM

- Team leader
- Psychologist
- Psychology Interns & fellows
- Undergraduate co-op students
- Residents
- Child and Adults Psychiatrist
- Nurse Practitioners
- LICSW and LCSW
- Peer Specialist
- Clinic Coordinator
- Research Coordinator





# COORDINATED SPECIALTY CARE: NAVIGATE MODEL

- Compared coordinated specialty care (NAVIGATE model) to treatment as usual in first episode psychosis patients
- Developed a treatment and training program based on literature review and expert consultation: comparing the experimental intervention for 1) QOL and 2) remission, recovery, and cost efficacy
- NAVIGATE Coordinated Specialty Care Intervention: Team based, shared decision making
- Included:
  - Patients aged 15 to 50 with a primary psychotic diagnosis and no more than 6 months of antipsychotic treatment
  - Community clinics in the U.S.
- Randomized over 400 patients over 2 years, 34 sites, 21 states, (17 experimental, 17 treatment as usual)

Kane et al. (2016).. *American Journal of Psychiatry*, 173(4), 362-372.

# CSC OUTCOMES

- Remained in treatment longer
- Greater improvement in quality of life and psychopathology
- Greater improvement in involvement in work and school



Kane et al. (2016).. *American Journal of Psychiatry*, 173(4), 362-372.

## WHO TO REFER?

- Refer for consult/diagnostic clarification
- Refer for treatment

## EXAMPLE 1

Tom is a 19 y/o college student. He is admitted to your hospital due to paranoia, disorganized behavior, and agitation. After several weeks of isolative and odd behavior, he threatened his roommate and accused him of being a Russian spy. He tried to fight the RA who came to intervene, and was taken by EMS to emergency. This is the second episode like this for Tom (a similar event took place during his freshman year, also requiring hospitalization). At the time he was diagnosed with cannabis induced psychosis. His Utox is positive for cannabis, which he acknowledges that he has used on most days in the past 3 years.

## EXAMPLE 2

Marie is a 50 y/o accountant. She has no prior psychiatric history. Two weeks ago, her son died in a car accident. She says she hasn't slept in the past week because she can hear the sound of her son's voice calling out to her in the night when she closes her eyes.

## EXAMPLE 3

Stephanie is a 30 y/o teacher with established diagnosis of bipolar disorder. Per parents, she was last hospitalized 7 years ago, and has been stable since then. They suspect she has not been taking any medication. She presents to the unit angry, yelling at staff about being mistreated, speaking loudly and rapidly. Her appearance is disheveled and she has not slept in days. She says that the principal at her school is trying to poison the children, and only she can stop this from happening.



# HOW TO REFER

- [WRAP@BMC.ORG](mailto:WRAP@BMC.ORG)
- Via EPIC: .WRAP

# CONTACT US

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## WELLNESS AND RECOVERY AFTER PSYCHOSIS (WRAP)

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[First Episode Program](#)

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## WELLNESS AND RECOVERY AFTER PSYCHOSIS (WRAP)



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## WRAP First Episode Program

This program uses a coordinated specialty care model to provide treatment for adolescents and young adults who have been experiencing psychotic symptoms for five years or less. Psychotic symptoms may include hearing voices and/or seeing things that others do not, feeling of being watched or followed, confusing thoughts, disorganized thinking, strange or unusual beliefs. We offer team-based care to help individuals lead to meaningful, productive lives. Our team consists of specialists who provide medication management, individual therapy, family education, and peer support. We also coordinate with individuals' primary care physicians, places of employment or schools in order to provide optimal coordinated care. This program is offered to individuals within the first five years of a psychotic illness. Our First Episode Program offers:

[WRAP@BMC.org](mailto:WRAP@BMC.org)

<https://www.bmc.org/wellness-and-recovery-after-psychosis-wrap>



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