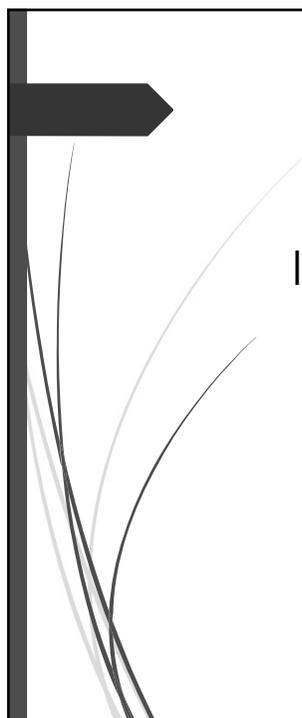


FEP and CHRP In a Wraparound Model

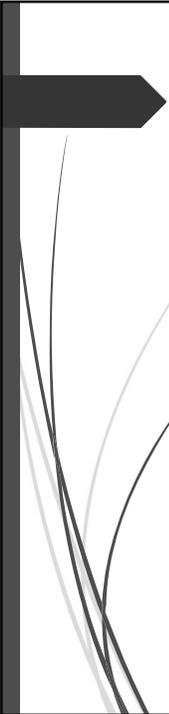
Steven P. Dykstra, PhD, Licensed Psychologist
Wraparound Milwaukee

1



Is my son going to live in an alley?

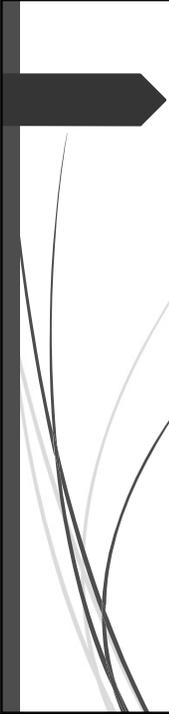
2



Mental health and mental illness are not exclusive of each other. It is possible to be mentally ill, and yet still be healthy. Likewise it is possible to be free of diagnosable mental illness, and still have significant mental health concerns. In the case of psychosis we treat the mental illness primarily with medication. We support and restore mental health through wraparound services.

Paraphrased from Robert Freedman, MD

3



psy·cho·sis

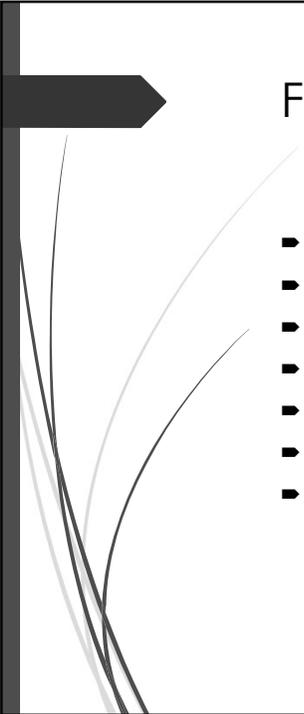
/sī'kōsəs/

noun

1. a severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality.

(seems obvious, straight forward... right?)

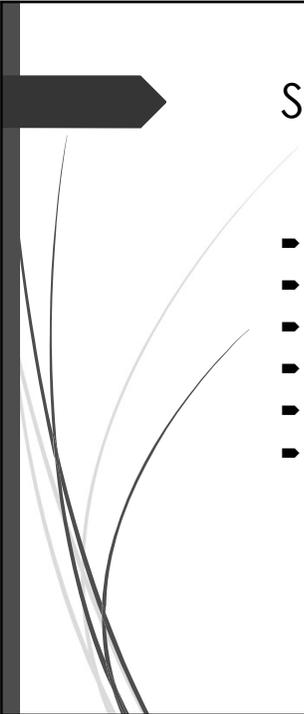
4



Forms of Psychosis

- ▶ Bipolar I
- ▶ Schizoaffective Disorder
- ▶ Drug Induced
- ▶ Affective psychosis (Depression and Anxiety)
- ▶ Brief Psychosis
- ▶ Trauma
- ▶ Delusional Disorder

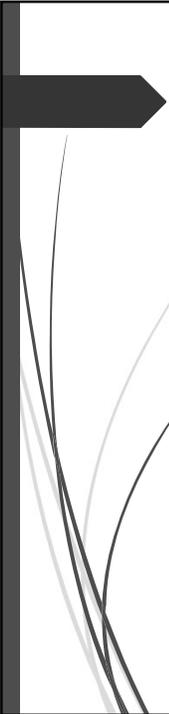
5



Schizophrenia

- ▶ Leprosy, Asylums, the English Channel, and Public Health
- ▶ The 4 A's
- ▶ Treatment before Medication
- ▶ Desperation!
- ▶ Early Medicines
- ▶ Later Medicines and Current Medicines

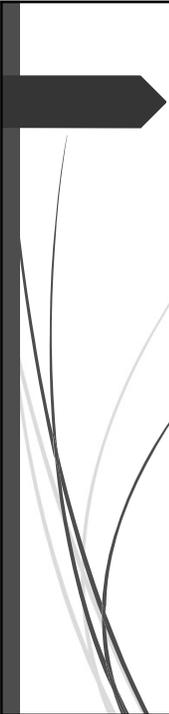
6



The Prodrome and CHRP

- ▶ Signs and Symptoms
- ▶ Positive and other symptoms
- ▶ Depression and Anxiety
- ▶ The importance of DUP
- ▶ Risk vs Certainty

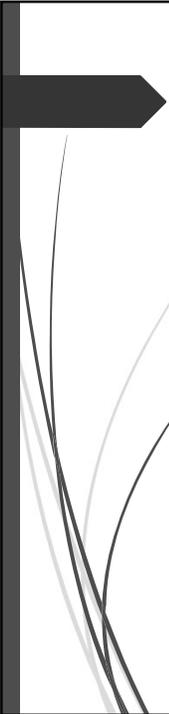
7



The challenge

- ▶ Earlier is always better
 - ▶ DUP
 - ▶ Maintaining social function and connection
 - ▶ Preventing morbidity and mortality
 - ▶ Preventing conversion from CHRP
- ▶ Later is always easier
 - ▶ We can be a lot more certain if we wait
 - ▶ We'll make fewer mistakes
 - ▶ We can often use the legal system
 - ▶ We hold more cards

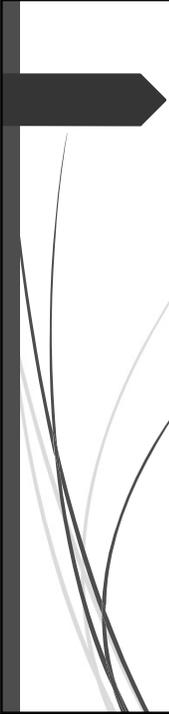
8



Wraparound!

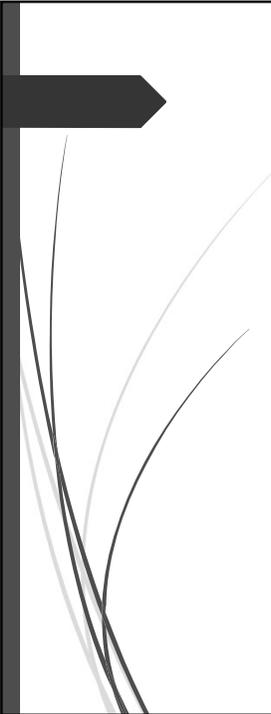
- ▶ We don't need to be sure about every detail of diagnosis
- ▶ Our response is diagnosis aware, but not diagnosis limited
- ▶ If we assess, and there is no psychosis, we can still help
- ▶ We care about your diagnosis, but not in the way we used to

9



A few words about genetics,
heritability, identical twins, calves' liver,
egg yolks, prenatal vitamins, and
choline.

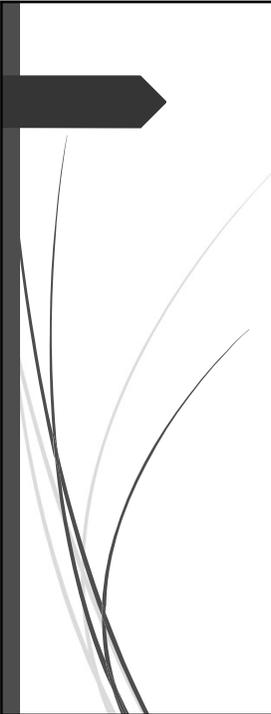
10



Positive (Diagnostic) Symptoms (from the SIPS)

- ▶ Unusual Thought Content/ Delusional Ideas (5/21)
- ▶ Suspiciousness/Persecutory Ideas (1/5)
- ▶ Grandiose Ideas (1/5)
- ▶ Perceptual Abnormalities/Hallucinations (5/14)
- ▶ Disorganized Communication (1/3)

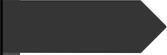
11



Structured Interview for Psychosis Risk Syndromes (SIPS)

- ▶ Our semi-structured "fine-toothed comb"
- ▶ Positive (5), Negative (6), Disorganized (4), General Symptoms (4)
- ▶ 1, 2, 3, 4, 5, 6
- ▶ 2 ways to be a 5... one way to become a 6
- ▶ Basic Criteria
 - ▶ One P(ositive) item rated 3, 4, or 5
 - ▶ Occurred at least 4 times in the past month
 - ▶ Is distressing or interferes with functioning
 - ▶ Began or worsened in the past year
 - ▶ Is not better accounted for by another diagnosis

12



Types of CHRPs

- ▶ APSS – Attenuated Positive Symptoms Syndrome (Attenuated Psychosis Syndrome in the DSM V)
- ▶ BIPS – Brief Intermittent Psychosis Syndrome (Is a 6 once in a while, but never for very long)
- ▶ GRD – Genetic Risk and functional Decline Syndrome (Schizotypal, First Degree Relative, Declining GAF)
- ▶ Could meet criteria for 1, 2, or all three

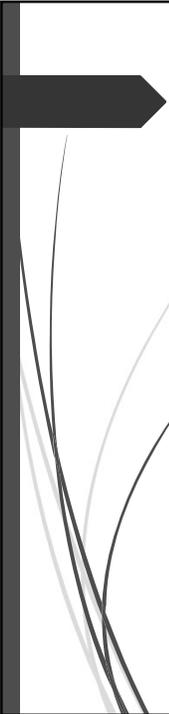
13



All the way to 6 and Diagnosis

- ▶ 6 means you have (or you had) frank psychosis
- ▶ SIPS will not give you a diagnosis for FEP, you still have to figure that out on your own
- ▶ It will give you a lot of information for diagnosis
- ▶ Helps us to be very thorough
- ▶ Aligns with our practice

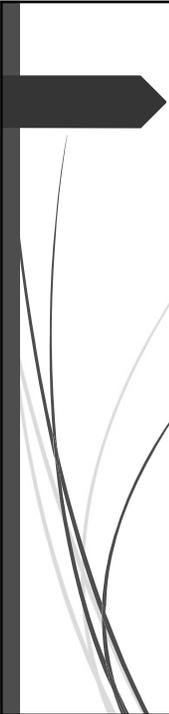
14



Non-Diagnostic Symptoms

- ▶ Huge impact on quality of life
- ▶ Often a greater concern for the individual
- ▶ A major focus of treatment in both CHRП and FEP
- ▶ Difficult to hide
- ▶ May prompt us to go looking for positive symptoms

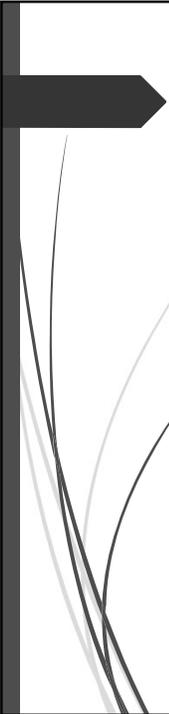
15



Negative Symptoms

- ▶ Social Anhedonia
- ▶ Avolition
- ▶ Expression of Emotion
- ▶ Experience of Emotions and Self
- ▶ Ideational Richness
- ▶ Occupational Functioning

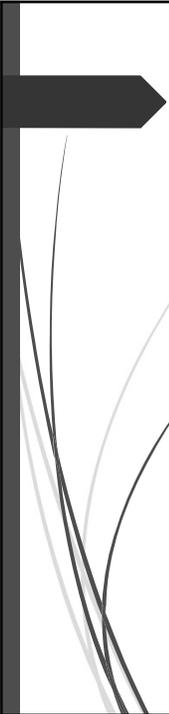
16



Disorganized Symptoms

- ▶ Odd Behavior of Appearance
- ▶ Bizarre Thinking
- ▶ Trouble with Focus and Attention
- ▶ Impairment in Personal Hygiene

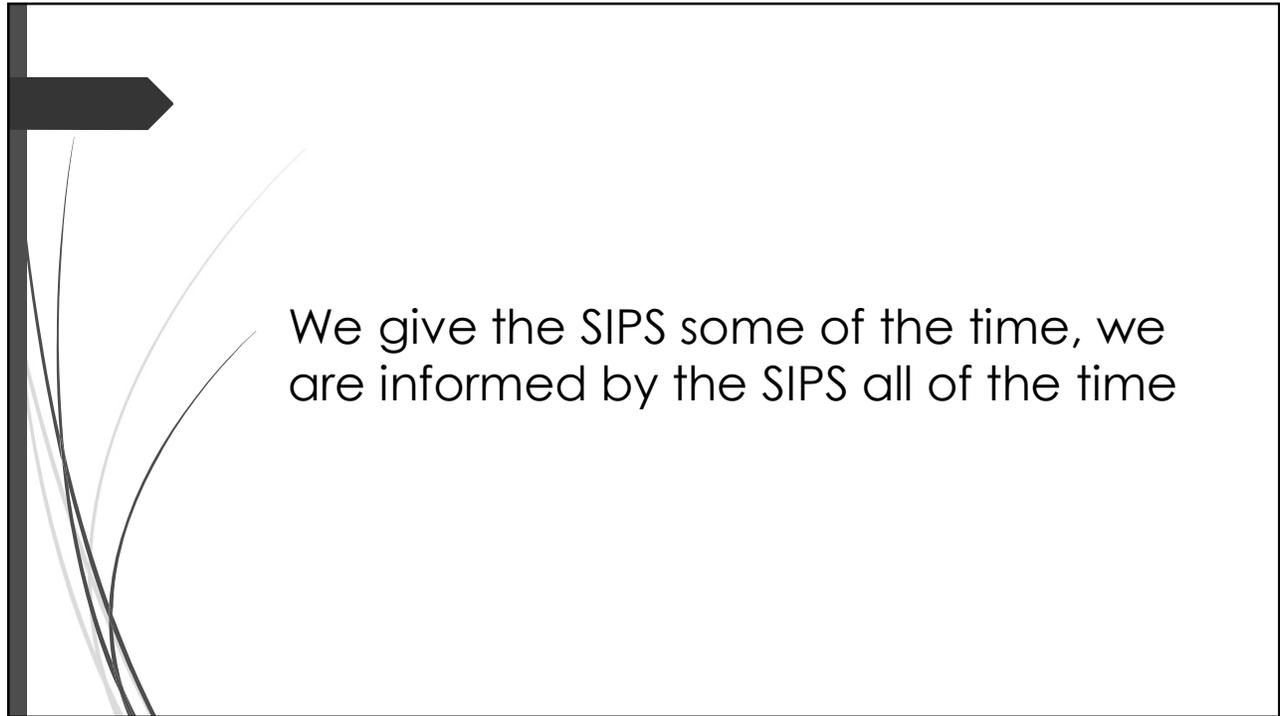
17



General Symptoms

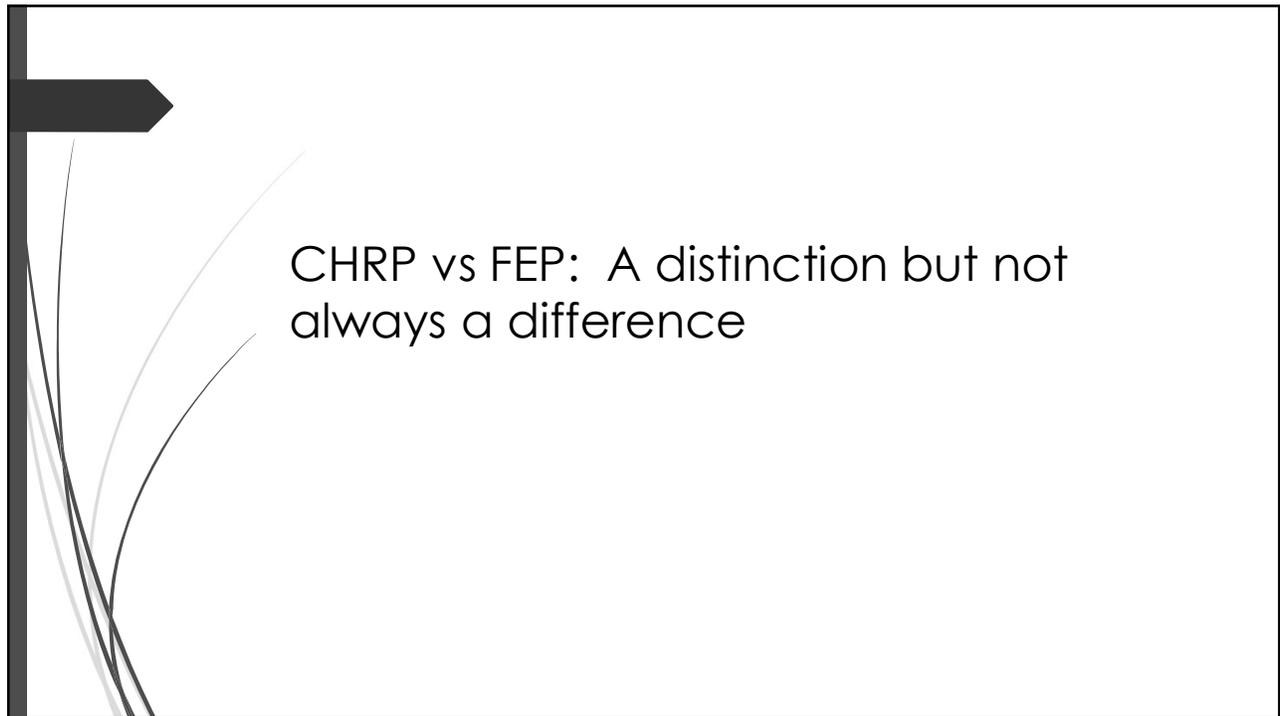
- ▶ Sleep Disturbance
- ▶ Dysphoric Mood
- ▶ Motor Disturbances
- ▶ Impaired Tolerance to Normal Stress

18



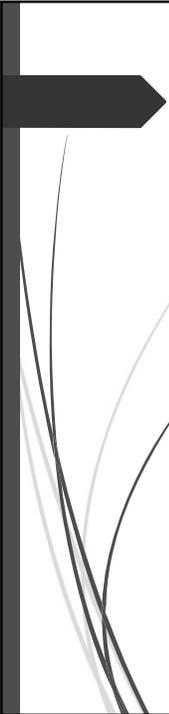
We give the SIPS some of the time, we are informed by the SIPS all of the time

19



CHRP vs FEP: A distinction but not always a difference

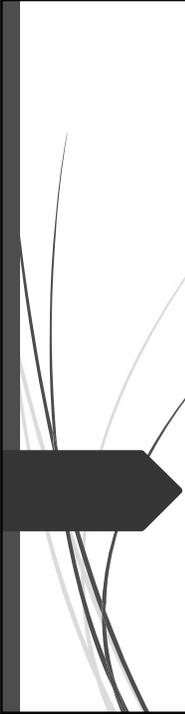
20



Treatment Goals

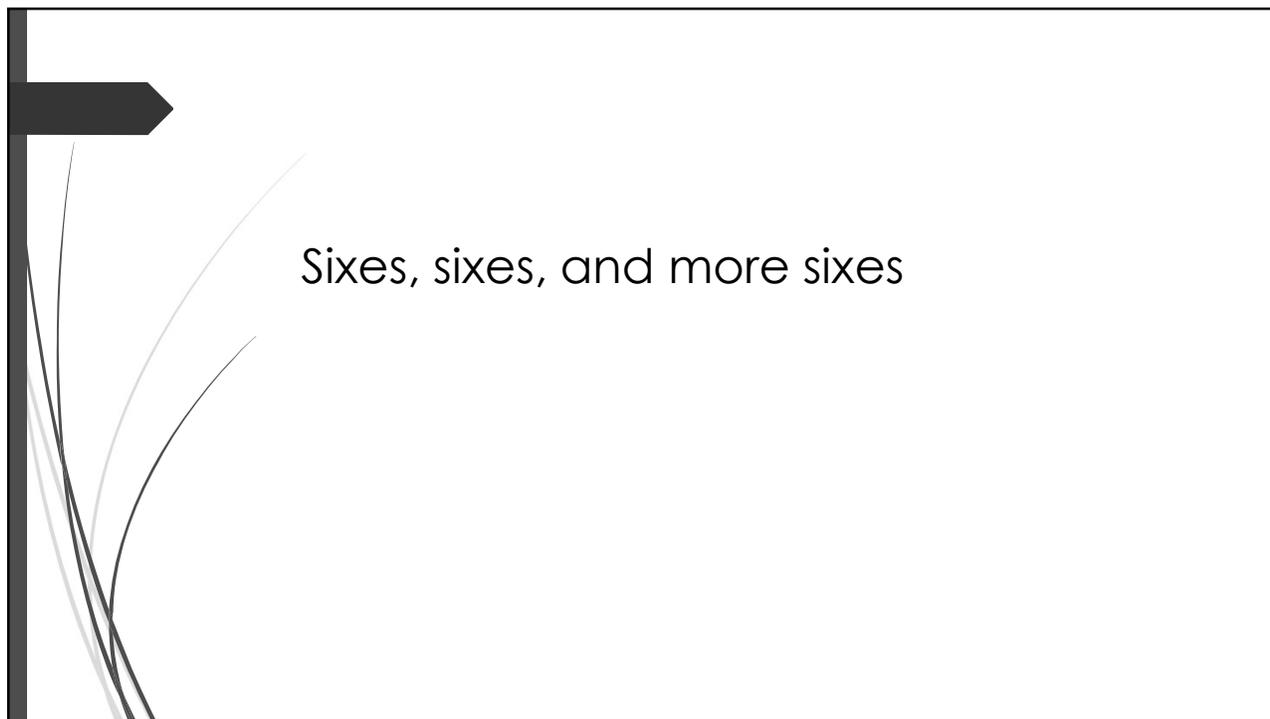
- ▶ Engagement, engagement, engagement, and engagement
- ▶ Pschoeducation for EVEYONE
- ▶ Never a six
- ▶ Living with 6
- ▶ Acceptance unless you can't
- ▶ Insight unless you can't

21

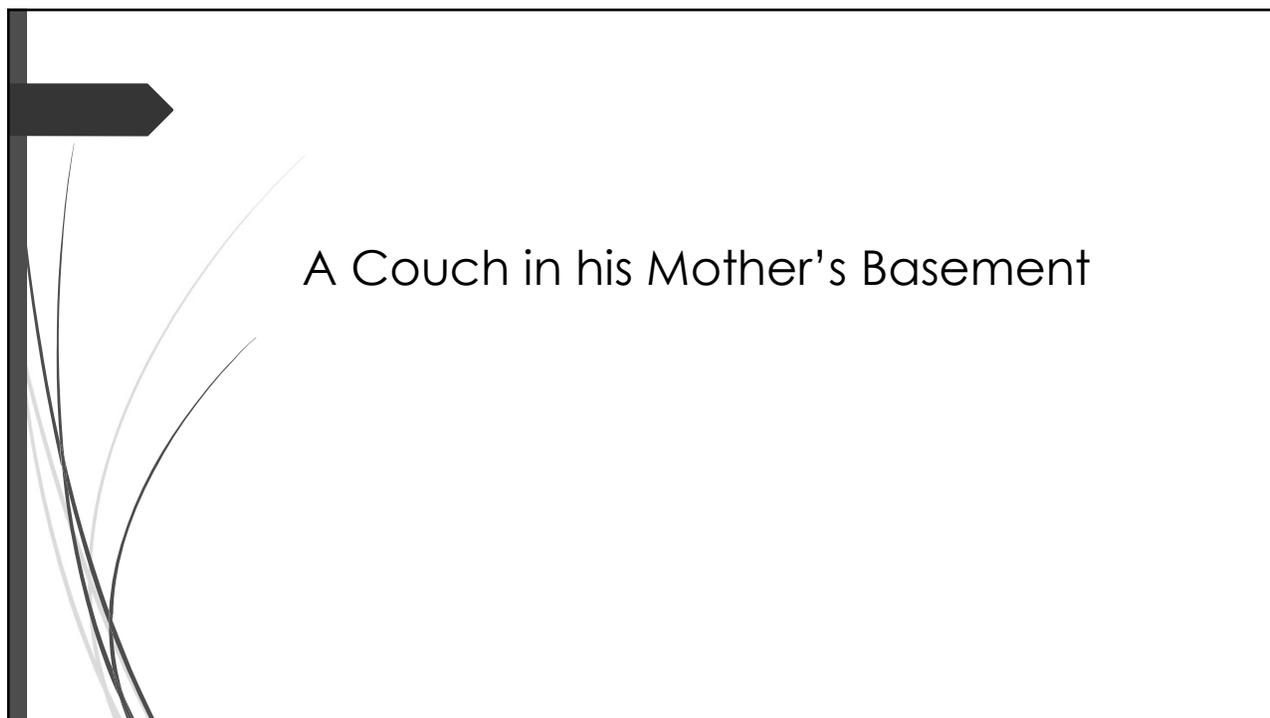


Part 2: Stories and Lessons

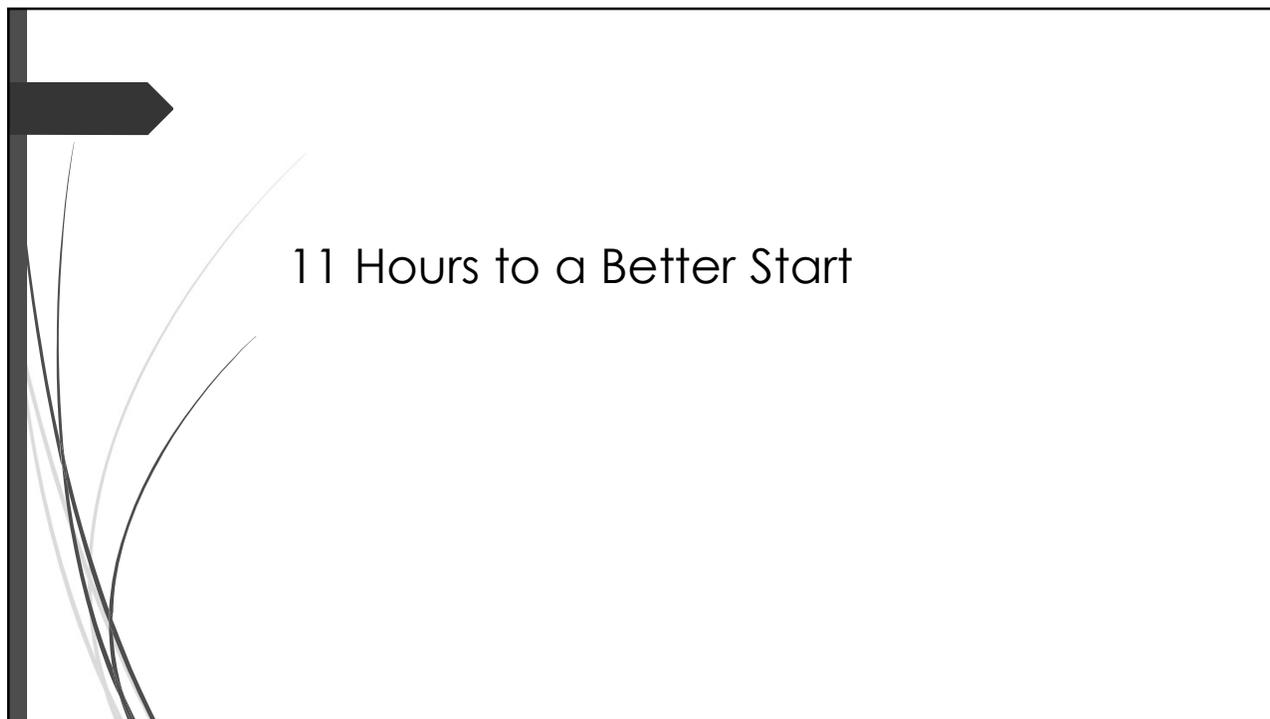
22



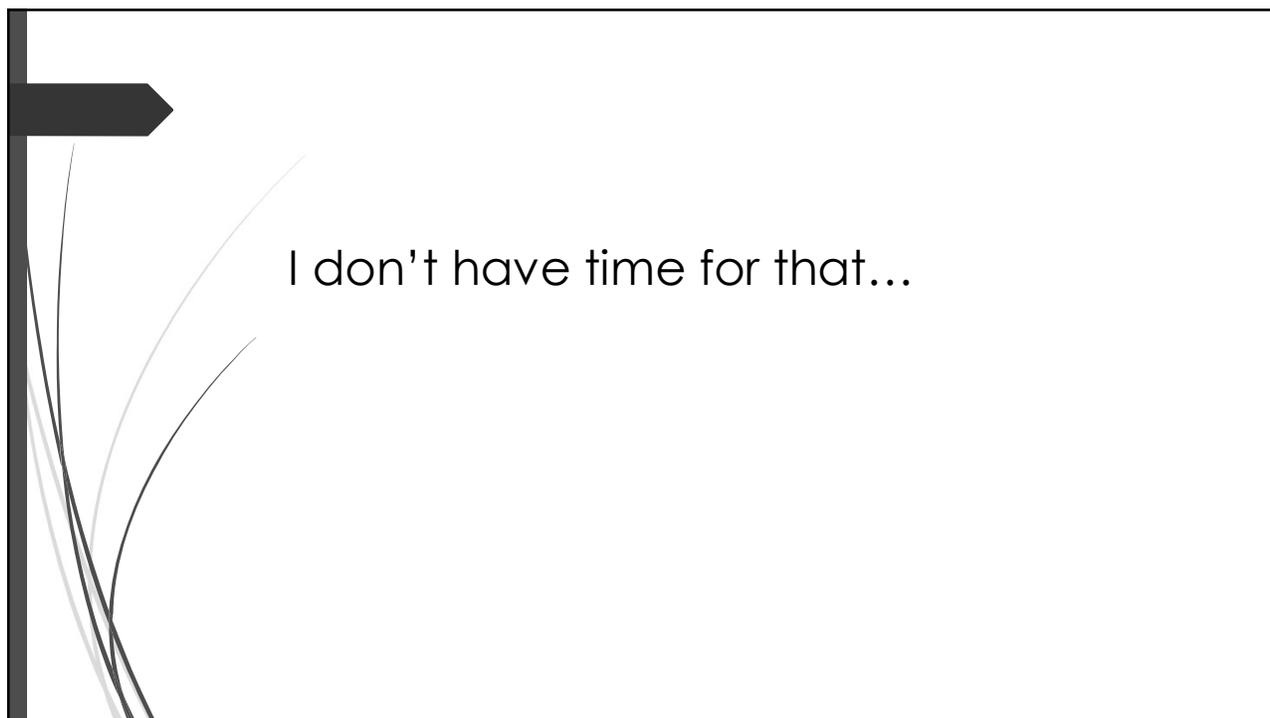
23



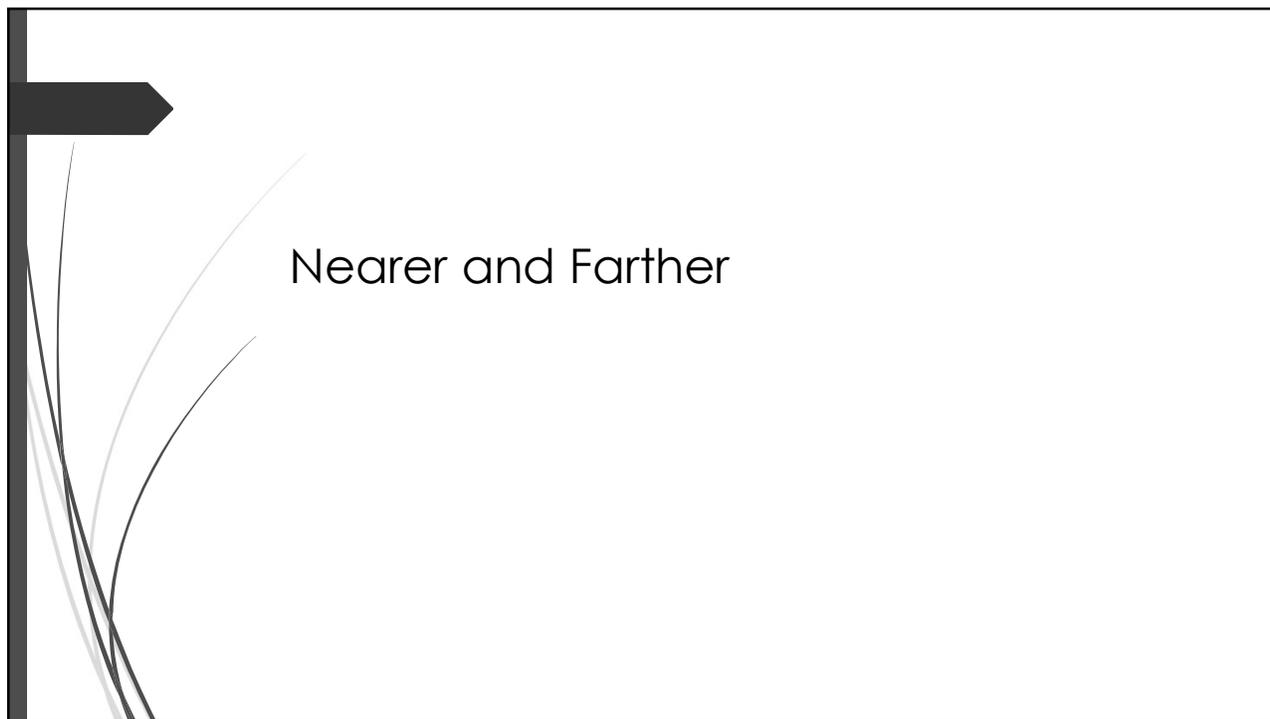
24



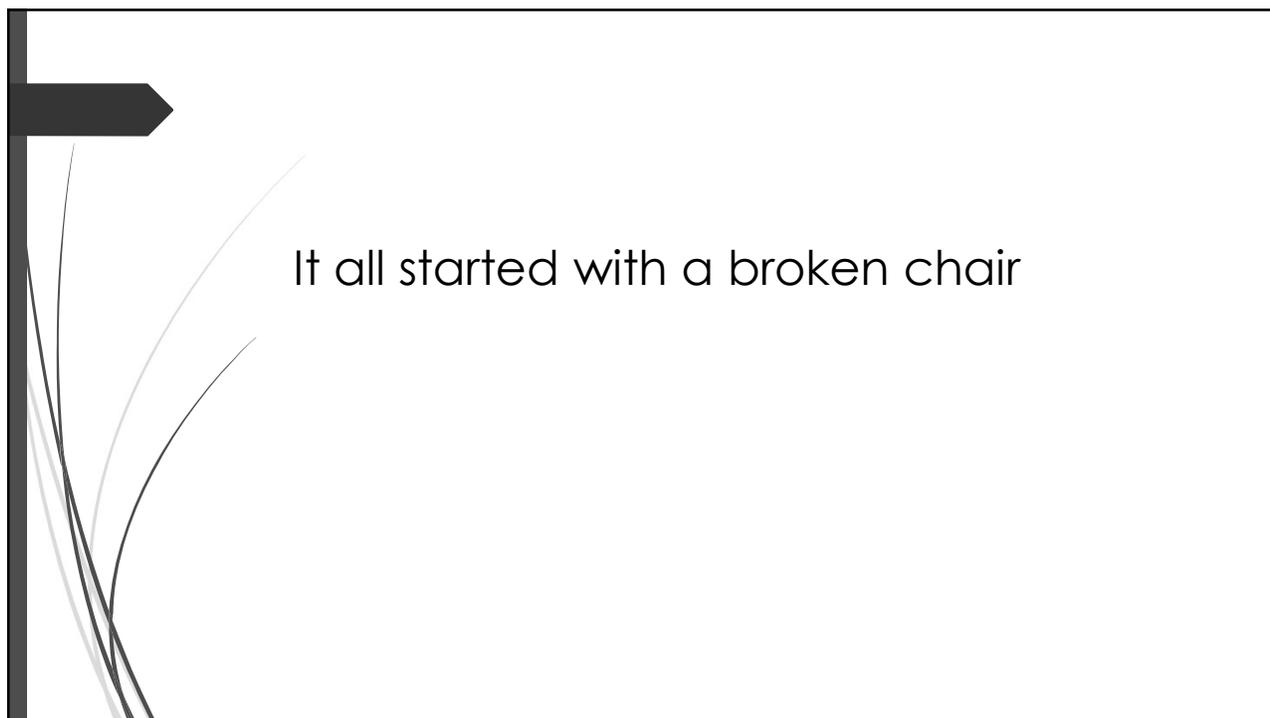
25



26



27

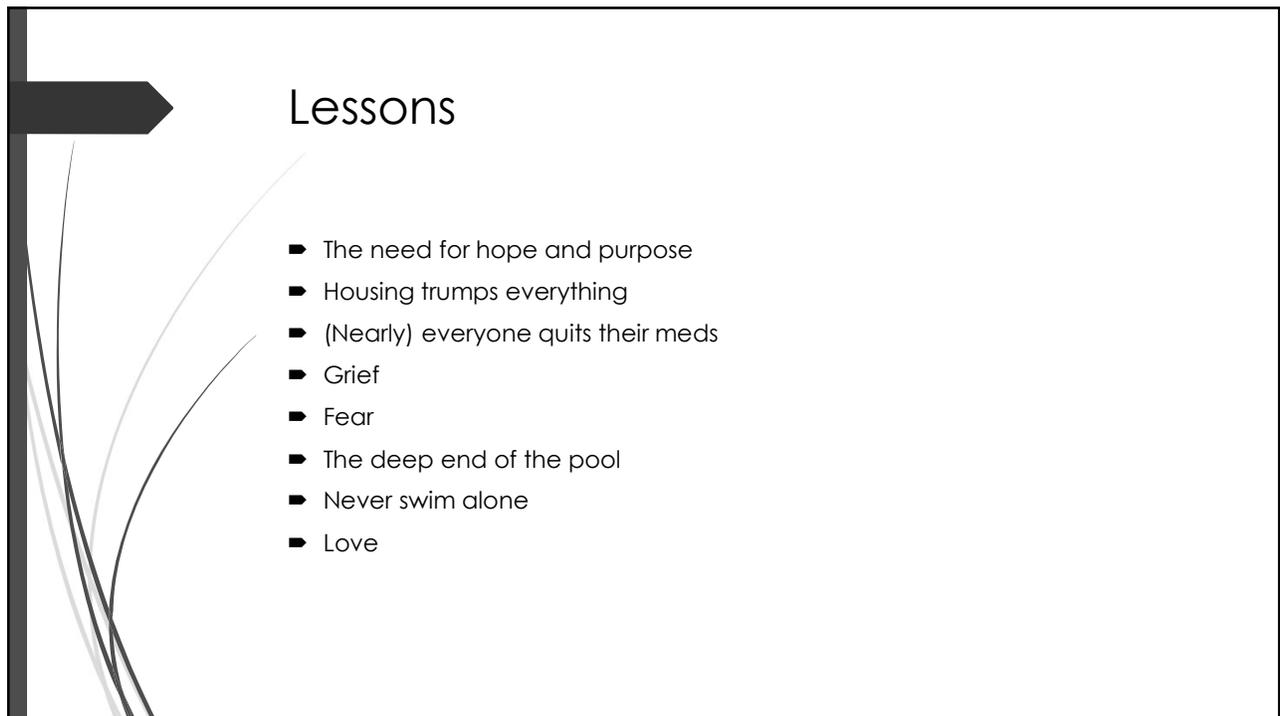


28



This used to be easy for me

29



Lessons

- The need for hope and purpose
- Housing trumps everything
- (Nearly) everyone quits their meds
- Grief
- Fear
- The deep end of the pool
- Never swim alone
- Love

30