Puberty or the Prodromal Phase?

Detecting Early Psychosis

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Introductions

• Jennifer Krehbiel
  - Licensed Professional Counselor
  - Team Leader/Clinician for Early Intervention Team, February 2015

• Chelsea Harrington
  - Recent KU clinical MSW graduate
  - Joined the Early Intervention Team, August 2016
  - Trained to provide Individual Resiliency Training to individuals in their first episode

What experiences do you have with individuals in first episode psychosis or the prodromal phase?
Objectives

• Identify differences between typical adolescent development and initial symptoms of psychosis

• Learn the distinction between presentation of symptoms in the prodromal phase versus a psychotic episode

• Understand the impact early identification and detection can have on overall prognosis and recovery

• Wyandot Center’s Early Intervention Program
Adolescent Development

- Period of physical and psychological development between childhood and adulthood
- Puberty
  - Hormonal changes
  - Physical changes
  - Changes in:
    * drives
    * motivations
    * psychology
    * social life
  - Gray matter development/brain pruning
- Identity vs. Confusion
Adolescent Development

What are some normal or typical issues encountered during puberty/adolescence in terms of emotional/mental/social development?
Adolescent Development

- Struggle with sense of identity
- Poor self-esteem
- Risk taking behaviors
- Substance use
- Anxiety
- Depression
- Social Isolation
- “Moodiness”
- Drop or change in grades, school or work performance
- Trouble thinking clearly/concentrating
- Poor hygiene
- Sleep disturbance/changes
Prodromal Phase

- ‘Prodrome’-early sign or symptoms indicating onset of disease/illness before diagnostic criteria is met
  - Greek word: “prodromos”-fore runner/precedes

- Duration:
  - Years (3-5 years)/ Months/ Weeks
  - Noted changes/experiences, not clear cut psychotic symptoms but a departure from their normal level of functioning
    - Phase is often viewed retrospectively
    - Aim to identify/characterize the phase at earliest point

- Snapshot:
  - Insight is maintained, can recognize worldview is altered
  - Changes in Cognitive Functioning
Prodromal Phase cont.

- **Age Range:**
  - Most vulnerable period: *12-25 years old*
    - FEP programs often target this age
  - Coincides with beginning of puberty
    - Girls: 10-14
    - Boys: 12-16

- Psychotic disorders rarely diagnosed under age 14
  - Increase in prevalence between ages 15-17, suggesting the period of prodrome could begin as young as 12
Prodromal Phase Versus a Psychotic Episode

Prodromal Phase

• A number of overlaps with typical adolescent development
  - Withdrawal/Isolation
  - Poor hygiene; Bizarre appearance
  - Increased anxiety; Irritability
  - Worrisome drop in grades, school or work performance
  - Difficulty organizing thoughts; changes in speech patterns
  - Inability to make decisions; “Spacing out”
  - Lack of motivation
  - Sleep disturbance

• A number of overlaps with other disorders (e.g. depression)
  ▫ Highlights why this condition frequently goes misdiagnosed, undiagnosed, and untreated for long periods of time
Differentiating Between Prodrome and Adolescence

• Strong, inappropriate emotions or no emotions at all
• Sensory changes (visual - color/light/faces, taste, smell)
• Odd thinking/behavior (possibly paranoid or mildly delusional)
• Experience mild hallucinations
  - Often still have insight - they doubt these sensations are real

• Looking for:
  - Recent, marked decline in functioning
  - More than one concerning behavior identified
  - Level of distress
    - Family history
    - Cognitive degeneration
Differentiating Between Prodrome and Adolescence

• Depression vs. Prodrome
  - Difficulty reading/understanding complex sentences
  - Speech production and comprehension
  - Trouble with gross motor skills not present before
  - Fearful (suspiciousness) for no apparent reason
  - New bizarre beliefs (Odd Thinking)
  - Lack of emotion or Emotional Outbursts
  - Heightened sensitivity (colors, sounds, tastes, smells)
  - Feeling like someone else is putting thoughts in their head or that their thoughts are not their own
Prodromal Phase Versus a Psychotic Episode

- **Level of Insight**
  - Prodrome: experiences are not accepted as 100% real
  - Psychosis: experiences are real (Loss of contact w/reality)

- **Impact of Symptoms:**
  - Functioning and associated Distress

- **Level of functioning:**
  - Hospitalization, Legal system
  - Disruption of goals
Prodromal Phase
Versus a First Psychotic Episode

What do I look for?

- Behaviors may not indicate psychosis but the driving force behind these behaviors could be related to psychosis (delusions, commands)
  - (i.e): Theft, Starting Fires
  - Behaviors not indicate sx of prodrome, but signs to watch

- Trauma can influence the transition to psychosis
  - Reaction to significant trauma can mimic psychotic symptoms
    (requires careful evaluation and a relationship)
Impact of Early Identification

- Young people experiencing FEP have a mortality rate at least 24 times greater than the same age group in the general population.
- Engagement and trust are easier to develop prior to the onset of FEP.
- It reduces the duration of untreated psychosis.
- Onset of FEP can be averted or delayed.
- Even with the onset of FEP, cognitive and emotional impairment can be minimized if engaged in the prodromal phase.
- Better long-term outcomes are possible.
- Life trajectory can be maintained with continued school, work, etc.
- Comorbid disorders can be addressed.
Impact of Early Identification

- **PRODROMAL PHASE**
- Early Identification and intervention
- Onset of psychotic episode
- First appropriate treatment
- Duration of Untreated Psychosis

**Functioning**
- PREMORBID
- AT RISK
- ACTIVE

**Course of Illness**
Impact of Early Identification: Challenges

- Services unavailable until onset of FEP
- High false-positive rate
  - Experiencing prodrome does not always lead to a full-on psychotic episode (20-40%)
- Concerns with mislabeling individuals in prodromal phase
  - Stigma (social and self)
  - Anti-psychotics
  - Inappropriate treatment
- High rate of comorbid disorders in prodromal phase
  - Substance use
Wyandot Center: Early Intervention Program

• Coordinated Specialty Care Programs
  - NAVIGATE Early Intervention Team
  - Funding currently focused on FEP
  - National Learning Collaborative (EASA)

• Our Experience:
  - Identifying referrals from community
  - Helping referral points identify signs
  - Engagement is essential
  - Education of the general community
  - Support and collaboration with the Family
Summary

- The Prodromal Phase of symptoms can mimic typical adolescent development but differences can be assessed and identified.

- Not all experiences with psychosis will result in a psychotic disorder (only 20-40%)
  - Consistent Assessment and Engagement is vital!

- Earlier identification of symptoms allows for enhanced support and connection to appropriate treatment sooner
  - Reduces trauma, improves prognosis, maintains life path
Questions or Referrals

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Resources for More Information

- National Early Psychosis Program Directory

- NIH-NIMH

- SAMHSA- Substance Abuse and Mental Health Services Administration

- NAMI- National Alliance on Mental Illness

- Coordinated Specialty Care Programs for FEP

- Divided Minds: Twin Sisters’ Journey Through Schizophrenia (book)
  - https://www.youtube.com/watch?v=lzDPlktZrGI
References


References


