



Cross cutting psychotic experiences across diagnostic spectrums in early psychosis clients

May 27, 2021



CSS-SMI INITIATIVE



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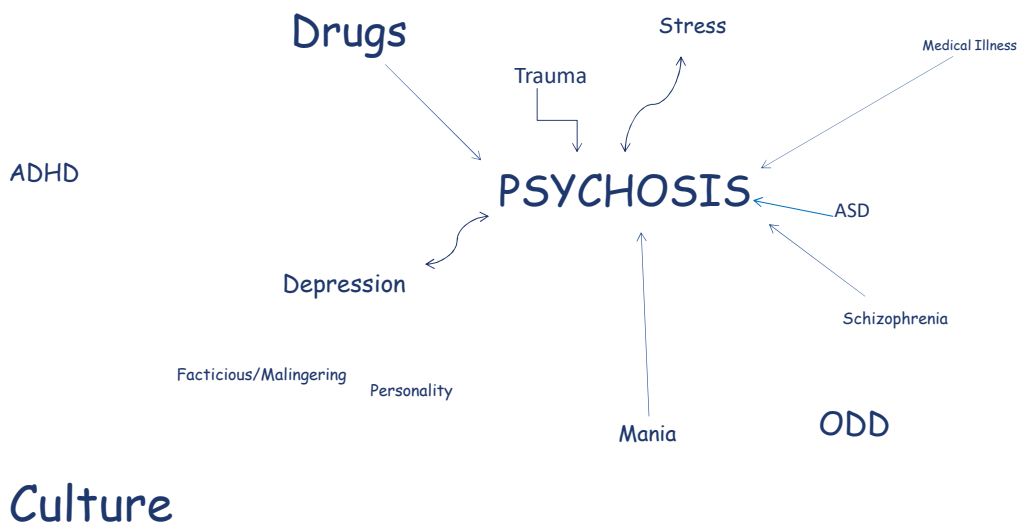
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LEARNING OBJECTIVES

1. Identify examples of hallucinations that are attenuated, fully psychotic and psychotic-like.
2. Describe appropriate diagnostic impressions given the client's hallucinatory experience.
3. Summarize guidelines around treatment approaches based on the quality of the hallucinatory experience.



Symptoms of psychosis do not imply diagnosis of schizophrenia



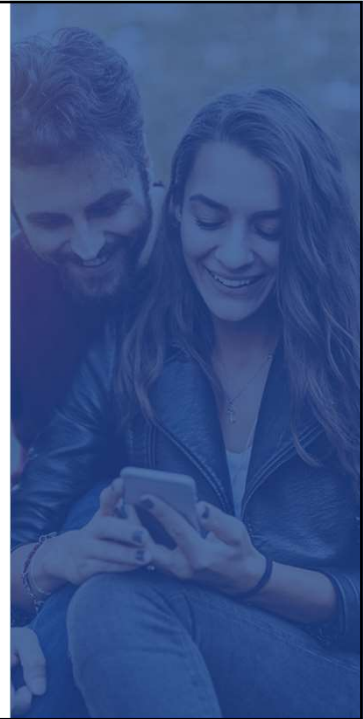
Psychosis vs. “psychotic-like experiences”

- **Qualities of “PLEs” include:**

- Egodystonic and less role impairment
- Nonbizarre
- Episodic (once a day), brief
- Described as “inside” of self
- Visual hallucinations
- Lack of objective findings on MSE
- Alternative meaning or value

- **Qualities of Psychosis include:**

- Egosyntonic and yet role functioning impairment
- Bizarre
- Frequent (daily for hours)
- Described as outside of self (hallucinations) (3rd person-look at him)
- Objective findings (mental status changes: thought processes, emotional expression)
- Disorganized speech & behavior



Differentiating Trauma related PLEs & Schizophrenia

- 20% of people with PTSD experience psychosis
 - With dissociative symptoms specifier in DSM
 - No psychotic features specifier
- Childhood trauma - ↑ risk for schizophrenia
- Re-experiencing vs hallucinations/delusions
- Are hallucinations related to trauma?
- What are themes of delusions ?
- Graphic nature of experience common



Differential Diagnosis of Psychotic Disorders

• Affective psychosis:

- Most common psychotic conditions of childhood
- Higher rate of psychosis than their adult counterparts
- Psychosis often related to the mood disorder
- Hallucinations are more common in children
 - Observed in one-third to one-half of depressed children
- Delusions are more common in adolescents
- Mania is rare in children.

Findling & Schultz, 2005. Juvenile Onset Schizophrenia



Sensitivity Psychosis

- Gradual onset in teens/early 20's
- Described as shy or solitary
- Minor stress precipitates first episode
- Ideas of reference and thought broadcasting common, especially when overstimulated.
- Prominent negative symptoms
- Highly involved caregivers

Drug-Related Psychosis

- First episode drug induced
- Symptoms recur/continue w/o drugs
- AH/VH/paranoia—replay of original psychosis
- Onset in teens or 20s
- "rebellious" personality
- Often poor engagement in MH system

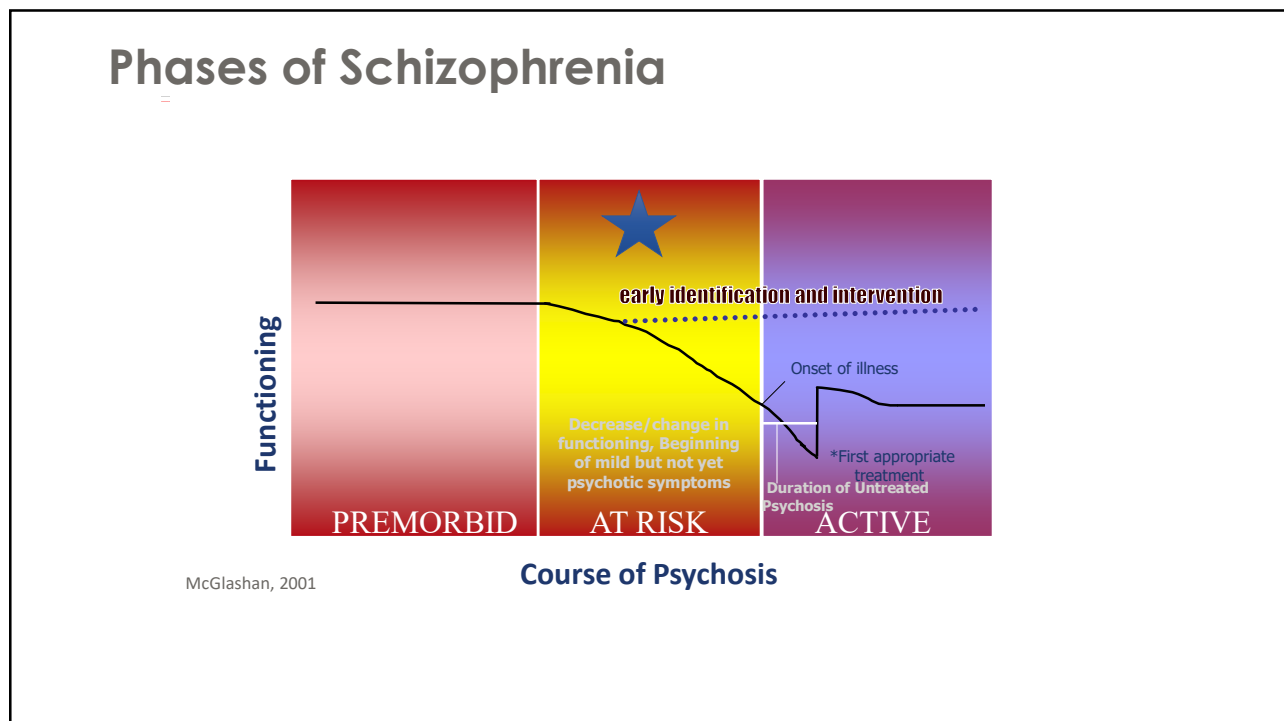
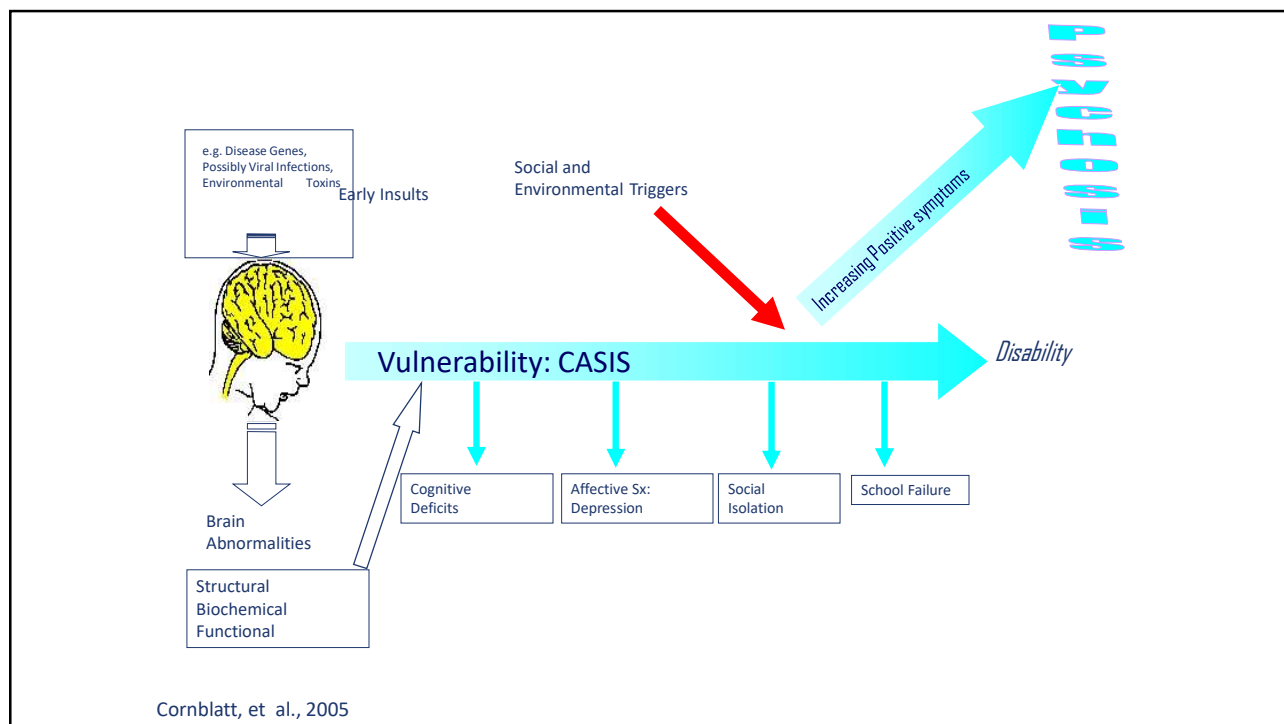
Trauma Psychosis

- Auditory hallucinations
 - Abusive, violent, &/or sexual content
 - Second person (you're a [swear word])
 - Command (kill yourself)
- Experienced as shocking and alien
- Repetitive and distressing
- Fluctuating insight
- Blames self
- Associated with PTSD, depression
- Overlap with BPD

Anxiety Psychosis

- Onset: acute; generally later in life (>20s)
- Stress-related (e.g., work pressure)
- Anxiety relieved by making "meaningful" explanations for distressing feelings (e.g., the neighbors are responsible)
- Isolation common
- Begins with strong belief that develops into delusional belief system





Clinical High Risk for Psychosis

- ~90% of patients with schizophrenia experienced a “prodromal stage”
- ~35% of persons who experience prodromal symptoms will develop a psychotic disorder
- **Characteristic symptoms:** at least one of the following in attenuated form with intact reality testing, but of sufficient severity and/or frequency so as to be beyond normal variation:
 - (i) delusions
 - (ii) hallucinations
 - (iii) disorganized speech

Perkins and Lieberman Prodrome and First Episode e in
Essentials of Schizophrenia APA Press, Washington DC 2011



Thought Content

Attenuated delusion

A 15-year-old high school student starts to sit in the back of the class because if she sits in the front, she has an uncomfortable feeling that other students are whispering about and laughing at her because of something they could not possibly know. She knows this is “silly”, but feels better in the back.

Delusion

A 15-year-old high school student believes that other people are talking about her, read her mind, and making fun of her where-ever she goes. She is sure this is happening, and she is isolating herself at home because she is uncomfortable in public.



Perception

Attenuated hallucination

About 2 or 3 times a week a 22-year-old cashier sees colors on the wall seeming to be distorted, textures and waves on the wall. He has started hearing beeping sounds that can last for minutes, and last week he heard a momentary (a second or two), faint, unintelligible voice. He is not sure, but thinks it is most likely his mind playing tricks on him.

Hallucination

On an almost daily basis a 22-year-old cashier hears voices speaking to him. They speak to him outside of his head. They refer to him in the third-person, and sometimes criticize him or tell him to do something silly, like “pat the cat”. He believes these voices are real and he is very frightened of them.



At Risk Psychosis

- This is usually a “help-seeking” vs. “case finding” population
- Also referred to as:
 - Ultra High Risk (UHR)
 - Clinical High Risk (CHR)
 - Prodromal Psychosis
 - Attenuated Psychosis Syndrome (APS)
 - Psychosis Risk Syndrome (PRS)
- Valid and reliability tools to identify and diagnosis
 - Screening tools (Prime Screen, Prodromal Questionnaire Brief, Early Psychosis Screener)
 - (Miller, 2003) (Loewy, 2011) (Brodey, 2019)
 - Assessment tool: The SIPS (Structured Interview for Psychosis Risk Syndromes)
 - (Woods, 2019)
- Active treatment is recommended at this stage



Practitioner Assessment of Risk Syndromes



Practitioner perceptions of attenuated psychosis syndrome
Elizabeth Jacobs ^a, Emily Kline ^b, Jason Schiffman ^{b,*}

Vignette Study

- National sample of psychiatrists, clinical psychologists, & general practitioners

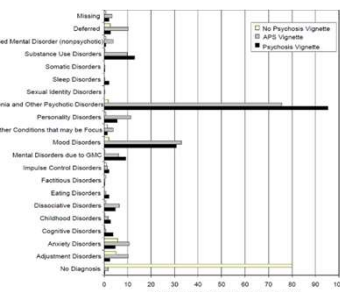
Key Findings

- APS commonly mistaken for a full threshold psychotic disorder
- Providers considered APS a clinically significant condition
- Most often recommended treatment: antipsychotic medication

BRIEF REPORTS | December 01, 2012

Defining Treatment as Usual for Attenuated Psychosis Syndrome: A Survey of Community Practitioners

Elizabeth Jacobs, Ph.D.; Emily Kline, M.A.; Jason Schiffman, Ph.D.
Psychiatric Services 2012; doi: 10.1176/appi.ps.201200045



Prodromal Questionnaire Brief (PQB)

Prodromal Questionnaire Brief (PQB)

Name: _____ Age: _____ Date: _____

Instructions: Indicate whether you have had the following thoughts, feelings and experiences in the past month by checking "YES" or "NO" for each item. Do not indicate experiences that occur only under the influence of alcohol, drugs or medications that were not prescribed to you.

If you answer "YES" to an item, also indicate how distressing that experience has been for you.

1. Do you have any thoughts or feelings that are strange, unusual, or hard to understand?
☐ YES ☐ NO ☐ YES When the thoughts, feelings, or experiences are a cause of concern for me
☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree
2. Have you ever had thoughts or feelings that are strange, unusual, or hard to understand?
☐ YES ☐ NO ☐ YES When the thoughts, feelings, or experiences are a cause of concern for me
☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree
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9. Do you ever feel that you are not in control of your own thoughts or feelings?
☐ YES ☐ NO ☐ YES When the thoughts, feelings, or experiences are a cause of concern for me
☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree
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19. Do you ever feel that you are not in control of your own thoughts or feelings?
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21. Do you ever feel that you are not in control of your own thoughts or feelings?
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22. Do you ever feel that you are not in control of your own thoughts or feelings?
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24. Do you ever feel that you are not in control of your own thoughts or feelings?
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25. Do you ever feel that you are not in control of your own thoughts or feelings?
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26. Do you ever feel that you are not in control of your own thoughts or feelings?
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Scoring with Screening Tools

When to refer to SIPS?

- Prime: **6 on any item Or 5 on any three items**
- P-QB: **Distress score of 5-7 or more**
 - https://portlandstate.qualtrics.com/jfe/form/SV_033kbbJOtKgG3DT
- EPS-26: **Score of 33.5**



The SIPS: Content

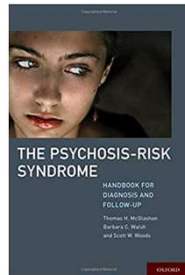
- Clinician rated interview
- 4 symptom domains:
 - Positive
 - Negative
 - Disorganized
 - General
- Likert scale (rated 0 - 6)
 - 0 = absent
 - 5 = severe but not psychotic/severe
 - 6 = severe and psychotic/extreme

Positive Symptom SOPS						
0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe but Not Psychotic	6 Severe and Psychotic
Negative/Disorganized/General Symptom Scale: Negative/Disorganized/General Symptom Symptoms are rated on a SOPS scale that ranges from 0 (Absent) to 6 (Extreme):						
Negative/Disorganized/General Symptom SOPS						
0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme



SIPS Diagnoses

- Brief Intermittent Psychotic Syndrome
- Attenuated Psychosis Syndrome
- Genetic Risk and Deterioration Syndrome



Differential DX Tips with the SIPS

- Autism Spectrum Disorders
- Psychotic Like Experiences (trauma)
- Affective Psychosis
- Schizophrenia related Psychosis



Community Education

- WWW.EASACOMMUNITY.ORG



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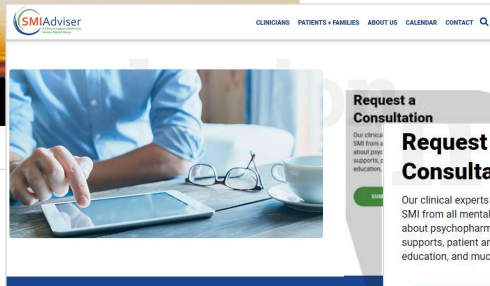
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