

Establishing NAVIGATE program for Persons with First Episode Psychosis: What you should know?

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Agenda

- Coordinated Specialty Care Model
- Overview of NAVIGATE program
 - Principles of Treatment
- Components of NAVIGATE model
- RAISE Early Treatment Program preliminary results
- Addressing common challenges in setting up a NAVIGATE program

Clinical Characteristics of First Episode Psychosis

- Typically adolescent or young adult
- Often living with or in high contact with families
- Goals are to return to mainstream functioning
- Experienced untreated psychotic symptoms
 - On average for at least a year
- Compared to peers:
 - Cognitively impaired
 - Poorer psychosocial functioning
 - More likely to smoke
 - More likely to abuse substances

The Challenges of First Episode Psychosis

- Poor recognition: months and even years often pass before symptoms are recognized and people get treatment
- High rates of dropout from treatment
- High rates of medication non-adherence
- Prone to relapses



What is Needed to Effectively Treat First Episode Psychosis?

- Treatment guidelines that can be implemented in routine mental health treatment settings
- Comprehensive, flexible treatment to address broad range of needs
- Pharmacological and psychosocial treatment
- Involvement of all stakeholders in treatment
- Fostering positive attitude and belief in recovery for all those involved, including treatment staff, clients, and family members

NAVIGATE—An Example of Coordinated Specialty Care

- **Team-based**
 - Shared decision-making
 - Strength & resiliency focus
 - Psychoeducational teaching skills
 - Motivational enhancement teaching skills
 - Collaboration with natural supports

NAVIGATE—An Example of Coordinated Specialty Care cont'd

- Four components
 - Psychopharmacology – COMPASS
 - Individual Resiliency Training (IRT)
 - Supported Employment and Education (SEE)
 - Family Psychoeducation (FPE)
- Case Management and Peer Support

Collin's Story



NAVIGATE Treatment Team and Interventions

- Director (team leader, Family Education Program provider)
- Prescriber (pharmacological management)
- Supported Employment & Education (SEE) specialist
- 2 Individual Resiliency Trainer (IRT) clinicians (who may also provide case management)
- Often a separate case manager and/or peer specialist

Brief History of RAISE

- In 2009, NIMH awarded contracts to two teams to develop early treatment programs for persons with first episode psychosis. This initiative was called Recovery After an Initial Schizophrenia Episode (RAISE)
- The RAISE-Connection Program (now OnTrackUSA) at the Research Foundation for Mental Hygiene at Columbia University in NYC:
<http://practiceinnovations.org/ontrackusa/tabid/253/default.aspx>
- The RAISE Early Treatment Program (now NAVIGATE) at the Feinstein Institute for Medical Research in Manhasset, NY: www.navigateconsultants.org

RAISE

Recovery After an Initial
Schizophrenia Episode

 **NAVIGATE**

Overall Goal

Develop and implement an effective first episode psychosis program which:

- ❑ Can be established in typical US community mental health agencies
- ❑ Can use existing staff
- ❑ Can be supported with routine funding streams

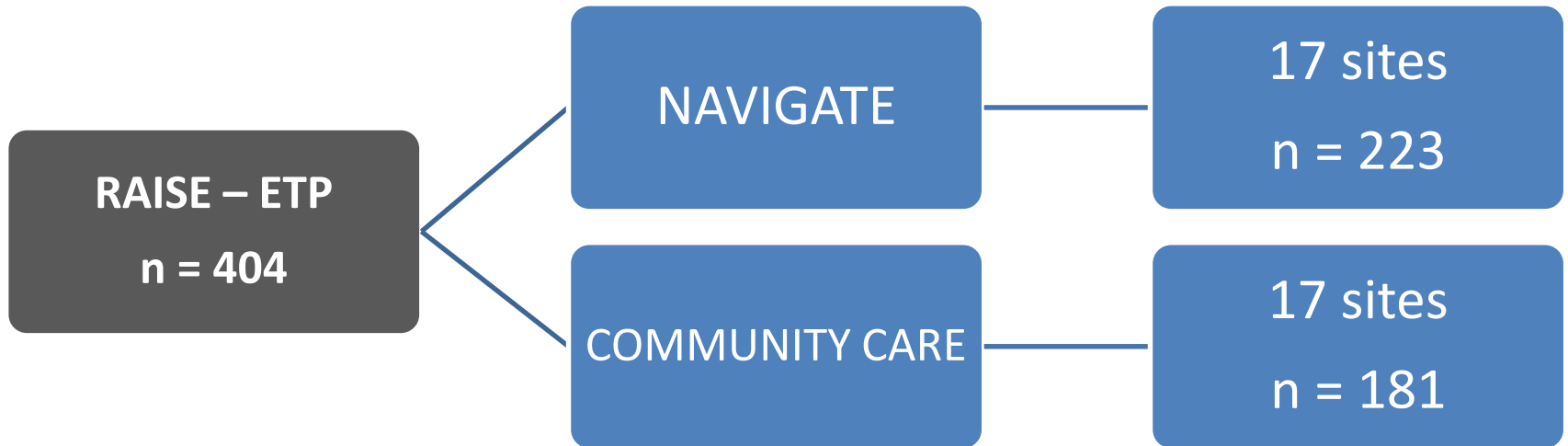
Early Treatment/NAVIGATE Sites



Inclusion Criteria

- Age 15-40
- SCID confirmed diagnosis:
 - Schizophrenia
 - Schizophreniform disorder
 - Schizoaffective disorder
 - Brief Psychotic disorder
 - Psychosis NOS
- No more than 6 months lifetime antipsychotic medication
- First episode of psychosis

RAISE-ETP Study Design with Cluster/Site Randomization



NAVIGATE Treatment Program was Developed Based on Established Treatment Principles for Schizophrenia



- Emphasizes recovery and resiliency
- Based on the stress-vulnerability model
- Uses principles of illness management
- Uses principles of psychiatric rehabilitation

Taking into Consideration the Special Issues for First Episode Psychosis Clients

- Their developmental stage
- The trauma related to experiencing psychosis

Developmental Stage

- Younger age, many living with parents
- Peer relationships & opinions very important
- Involved in school and/or early job experiences
- Developing romantic relationships
- High rate of substance use
- Reluctant to think something is serious (e.g., “This is just a one time thing”)



Pharmacological Treatment

- RAISE Medication Algorithm
 - Based upon the 2007 TMAP algorithm
- Computerized Decision Support System to guide medication decisions
 - Measurement-based assessment of therapeutic and adverse effects
- Individually tailored, based on shared decision-making



Medication Management

- Medication strategies available to assist the prescriber in treating early phase clients
- Striving for lowest possible effective dose
- Use of a questionnaire to monitor client adherence, symptoms, and side effects
- Assessment of physical factors such as weight and BMI is an important component

**What Services And Information Would
You Want If A Family Member
Developed A Serious Psychiatric
Illness?**

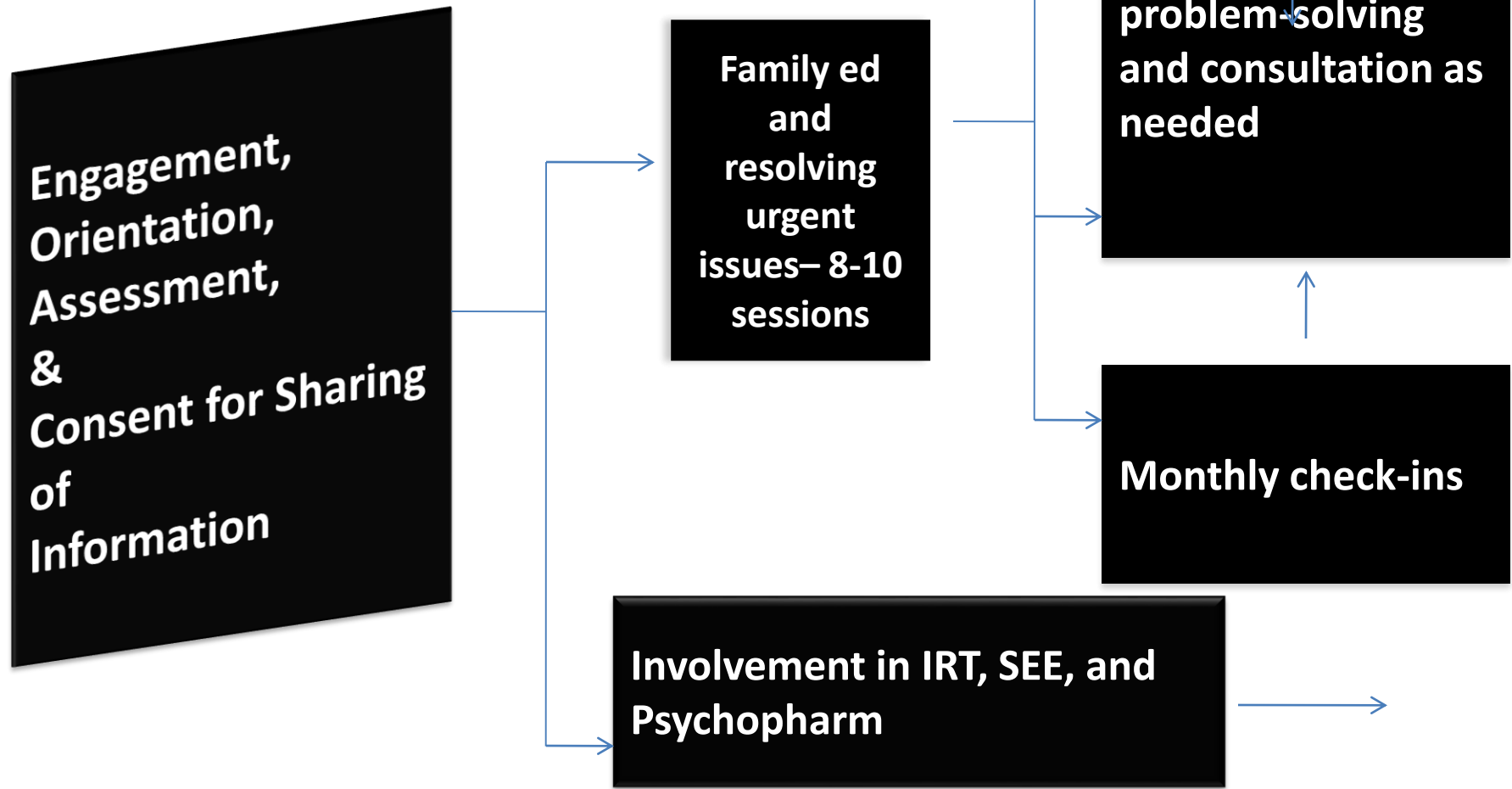
Family Program

- Provides family (including client) with education about psychosis, coping strategies, skills for communicating and solving problems
- Goals of the program:
 - Shore up family relationships for the long haul
 - Change the trajectory of the illness by supporting resumption of role functioning and social pursuits
 - Reduce stress and burden in family members

Family Education Format

- Family clinician provided factual information necessary to support the person in NAVIGATE and friends/relatives
- Offered in approximately 10 sessions—ideally scheduled weekly
- Client in NAVIGATE is invited and must consent to relative involvement in care if over 17
- Client in NAVIGATE is given choice whether to attend or not (encouraged but not pushed)
- Individual (rather than multi-family group) format

NAVIGATE Family Work



Continuum of Family Services

Monthly Check-ins(MC)

- Ideally held in person but can be by phone
- Agenda
 - review of client' s current status
 - discussion of client' s goals and relevant progress and ways relatives can help with goals
 - review of client' s participation in treatment program
 - monitoring early warning signs
 - progress/concerns noted by anyone in family

Preliminary Data on Implementation

- Some consumers had no family or did not want family involved in their care—we do not have specific numbers on that
- 172/223 (77%) of consumers were living with a relative
 - 14/223 (6%) were in conjugal relationships
 - 14/223 (6%) were widowed/separated/divorced
- 152/223 consumers (68%) had relatives with at least one contact with NAVIGATE team
- About half of these families (52%) had at least one educational session

Individual Resiliency Training (IRT) Program

- Foundation = building strengths and resiliency
- Helps people learn the information, strategies and skills to manage their illness and get back on track with their life
- Based on modules that address specific topics
- Tailored to the individual client
 - Responsive to client choice
 - Depends on client's goals
 - Adjusted to meet client's needs

Development of IRT in Psychiatric Annals

Individual Resiliency Training: An Early Intervention Approach to Enhance Well-Being in People with First-Episode Psychosis

Piper S. Meyer, PhD; Jennifer D. Gottlieb, PhD; David Penn, PhD;
Kim Mueser, PhD; and Susan Gingerich, MSW

ABSTRACT

Early intervention treatment programs have begun to play an increasingly important role in improving long-term outcomes for people with psychosis. These programs focus on helping people achieve recovery through reducing the risk of relapse, improving illness self-management skills, and making progress toward a meaningful life. This article describes Individual Resiliency Training (IRT), the individual therapy component of the Recovery After Initial Schizo-



Case Management

- Assists clients in accessing resources such as housing, medical care, transportation, parenting classes, insurance
- Case management needs can be high for early treatment clients as they begin treatment
- Can be provided by team members or by a separate case manager

How does IRT address special issues of Persons with First Episode?

- Hope and optimism built into modules
- Education about psychosis is provided concurrently with opportunity to process the experience
- Personal goals are a priority (including peer-related goals such as friendships, having fun, school, work)
- Focus on strengths and resiliency



Curriculum/Content of IRT

#	Standard Modules	Sessions
1	Orientation	1-2
2	Assessment, initial goal-setting	2-4
3	Education about psychosis (coordinated with Family Program)	7-11
4	Relapse Prevention Planning (coordinated with Family Program)	2-4
5	Processing the Psychotic Episode	3-5
6	Resiliency—Standard sessions	3-4
7	Building a Bridge to Your Goals	2-3

Content of IRT, cont' d

#	Individualized Modules	Sessions
8	Dealing with Negative Feelings	7-12
9	Coping with Symptoms	2 /symptom
10	Substance Use	11-20
11	Having Fun & Developing Relationships	3-27
12	Making Choices about Smoking	2-4
13	Nutrition and Exercise	2-4
14	Resiliency—Individualized Sessions	2-3

Resiliency is incorporated into all aspects of IRT

- Assessment/goal setting (Module #2):
 - Introduction to resiliency
 - Brief strengths test
- Education about Psychosis (Module #3):
 - Resiliency story
- Processing the Psychotic Episode (Module #4):
 - Resilience in the face of initial symptoms (Growing from your experience)
- Developing Resiliency (standard and individualized modules)

Brief Strengths Test

Please read each statement carefully. Write a number between 0 and 10 next to each statement according to how often you acted in the way described.

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Never

Always

1. Think of actual situations in which you had the opportunity to do something that was novel or innovative. How often did you use *CREATIVITY* or *INGENUITY* in these situations?
2. Think of actual situations in which you had the opportunity to explore something new or to do something different. How often did you show *CURIOSITY* or *INTEREST* in these situations?
3. Think of actual situations in which you had a complex and important decision to make. How often did you use *CRITICAL THINKING*, *OPEN-MINDEDNESS*, or *GOOD JUDGMENT* in these situations?

Strengths

- Love of learning
- Valor
- Honesty
- Capacity for love/to be loved
- Modesty
- Humor
- Gratitude
- Open-mindedness
- Wisdom
- Diligence
- Kindness
- Leadership
- Forgiveness
- Curiosity
- Loyalty
- Fairness
- Self-control
- Spirituality
- Enthusiasm
- Social intelligence
- Discretion
- Appreciation of beauty
- Hope/optimism
- Creativity

Trauma of Experiencing Psychosis

- Experience of psychosis traumatic for client & relatives
- Posttraumatic stress disorder (PTSD) reactions are a common response to psychotic symptoms & treatment experiences
- PTSD reactions to first episode psychosis are related to increased distress & decreased functioning
- Special focus in NAVIGATE on helping clients process the trauma of their psychotic episode

Processing the Episode Module

- 2 different sections
 1. Telling your story
 - Exploring upsetting aspects of psychotic episode
 - Review how telling story could be helpful with example
 - Work together to develop client's cohesive narrative
 2. Challenging self defeating thoughts and beliefs
 - Rationale for cognitive restructuring to identify and modify self-stigmatizing beliefs
 - Practice cognitive restructuring to address self-defeating thoughts

Participation in IRT

- 208 (93%) people participated in IRT
 - Median total IRT sessions = 17
- Highest module participation
 - Assessment and goal setting
 - Orientation
 - Education about psychosis

People are living their lives and then they develop a psychotic illness . . .

- They may be going to school or working
- They have aspirations and dreams
- Their families have aspirations for them
- They may have had many prior successes or may have been struggling with performance issues for a while (e.g. been in special ed, having difficulties with their peer relationships, losing jobs, etc.)

Supported Employment and Education (SEE)

- The goal of SEE is to help people develop and achieve **personally meaningful goals related to their careers, their education and their employment**
- SEE services are **individualized** for each person based on their preferences, goals and values
- SEE services are provided based on the person's choice to pursue **employment, or education, or both**
- Vast majority of services takes place OUTSIDE THE OFFICE and are very HANDS ON

SEE Principles

- SEE services are available to all clients in the program—no prerequisites (e.g. being substance free or housed)
- Rapid job/school search
- Systematic job/school development
- SEE services provide follow along supports for people after they have obtained a meaningful job or started an educational program
- SEE services work with all early mental health treatment team members to support the client—joint offices, meetings
- Benefits counseling is important and accessed

The SEE Specialist

- Often has a BA degree
- Is being monitored for fidelity
- Is part of an interdisciplinary and vocational team
- Spends majority of time in the field, not in the office
- Typically has 20 people on his/her case load—
 - 7 working or in school (about 1/3)
 - 7 looking for work or school placement
 - 7 “resting”

How the NAVIGATE team works together

- Whole team meets together weekly
- Clients (and usually families) meet all team members at the beginning of treatment
- Team strives to have each client receive the benefits of each intervention
- Team members continually share information and strategies
- Team members “piggyback” appointments
- In dealing with challenges, team member with strongest rapport is utilized

NAVIGATE Team Meetings

- Initial treatment planning meeting for NAVIGATE team, client, & relatives (within first month of enrollment)
- Treatment review & planning meeting for NAVIGATE team, client, & relatives (every 6 months)
- Weekly NAVIGATE team meeting
- Weekly supervision meeting between Director & SEE specialist
- Weekly supervision meeting between Director & IRT clinicians



RAISE Outcomes in American Journal of Psychiatry

Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program

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Objective: The primary aim of this study was to compare the impact of NAVIGATE, a comprehensive, multidisciplinary, team-based treatment approach for first-episode psychosis designed for implementation in the U.S. health care system, with community care on quality of life.

Results: The 223 recipients of NAVIGATE remained in treatment longer, experienced greater improvement in quality of life and psychopathology, and experienced greater involvement in work and school compared with 181 participants in community care. The median duration of untreated psychosis was 74 weeks. NAVIGATE participants with duration of untreated psychosis of



RAISE ETP: Randomized Controlled Trial

- NAVIGATE vs Community Care
- Cluster/Site randomization
- Two-year treatment period
- Remote assessment of clinical outcomes

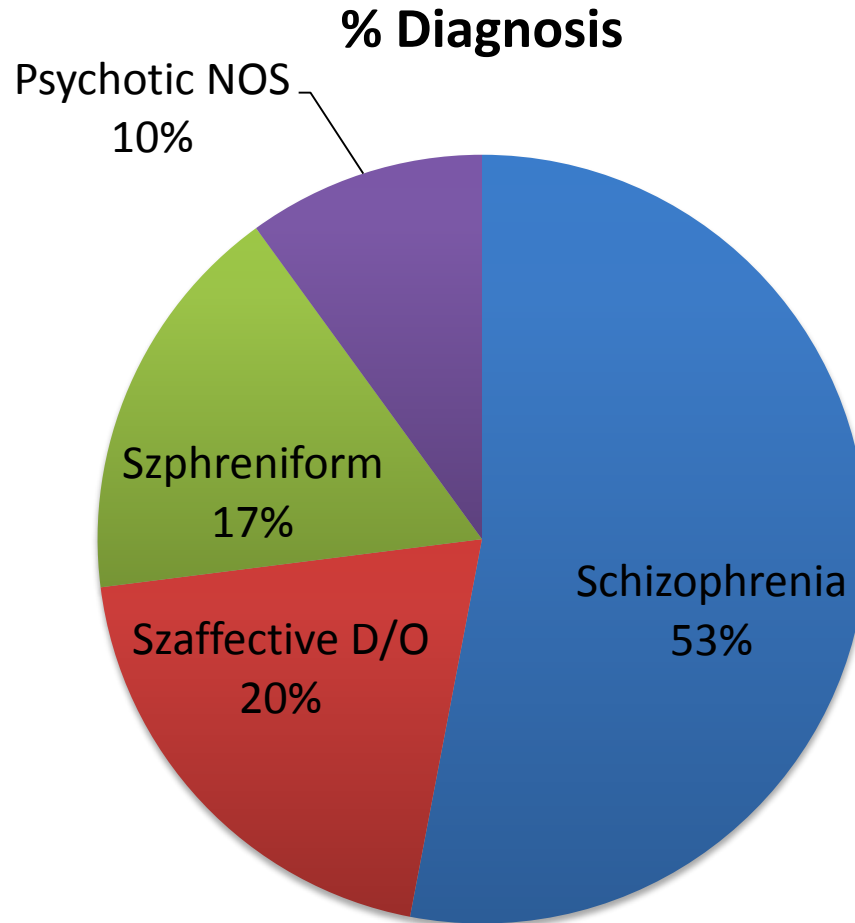
ETP Study Outcomes

- Primary outcome measure: Quality of Life
 - Primary hypothesis
 - NAVIGATE intervention will improve Quality of Life significantly compared to Community Care
- Other measured outcomes
 - Service utilization
 - Cost
 - Consumer perception
 - Prevention of relapse
 - Recovery

Demographics

	Total Sample = 404
<i>Age and Gender</i>	
Age (mean)	23.6
Males (%)	73%
<i>Race</i>	
White (%)	54%
African American (%)	37%
Other (%)	8%
<i>Community Population</i>	
Rural (%)	25%
Urban (%)	50%
<i>Prior Hospitalization (%)</i>	78%

Baseline Diagnosis



Monthly Validity Checks

- How much similar treatment did the groups receive?
 - Participants in NAVIGATE had significantly more visits of expected NAVIGATE interventions
- Recording symptoms and side effects before meeting with prescriber
- Meeting about getting job/going back to school in the community
- Met as a family to help understand situation
- Individual session help work on goals and look positively to the future

Clinical Characteristics and Differences

- DUP
 - Median = 74 weeks
 - DUP served as a moderator variable
 - Participants with shorter DUP benefitted more in NAVIGATE treatment
- Demographic/Clinical differences between groups
 - Gender: NAVIGATE > males
 - Race
 - In school: NAVIGATE <
 - QLS: NAVIGATE <
 - PANSS Total: NAVIGATE >

Major Study Outcomes

- People in NAVIGATE:
 - Stayed in treatment longer
 - Had greater improvement in total Quality of Life Scale
 - Had greater participation in work/school days
 - Greater improvement in PANSS total symptoms
 - Reduced depression
- No differences in hospitalization

The Major Challenges Establishing a NAVIGATE Program

- Finding and Engaging Appropriate Clients
- Developing and Maintaining Staff Competency
- Identifying and Monitoring Critical Outcomes

Finding and Engaging Appropriate Clients

- **Requires very active case finding, outreach and engagement**, which is often unfamiliar, and maybe uncomfortable, for community mental health professionals
- **Important to collaborate with local hospitals, schools, physicians, police and criminal justice system**—need to get out of the office every week
- **Essential to determine if an agency can engage enough appropriate participants to make the effort worthwhile**
—Helpful resource = *State Mental Health Policy: An Interactive Tool to Estimate Costs and Resources for a First-Episode Psychosis Initiative in New York State*—*Humensky, Dixon, and Essock, Psychiatric Services 2013*
- **Assure cases are appropriate**—looking for recently developed psychosis primarily related to schizophrenia spectrum disorder, not better explained by developmental disability or autism or substance use or mood disorder

Developing and Maintaining Staff Competency

- Typical staffing for 30 client team
 - 1.0 FTE Team Leader/Family Clinician—MA or PhD. Licensed mental health professional
 - .2 FTE Prescriber
 - 1.0 FTE Individual Resiliency Therapist (IRT)--licensed MA level mental health professional
 - 1.0 FTE Supported Employment and Education specialist—usually BA level
 - Optional .5 case manager and/or .5 peer specialist

Developing and Maintaining Staff Competency *cont'd*

- Staff needs to be familiar with psychosis—be able to diagnose and monitor; may require additional training
- Staff needs to be comfortable working with adolescents and adults
- Staff needs flexibility and access to resources
 - Ability to meet clients and families in the community
 - Transportation
 - Some evening and/or weekend work

Developing and Maintaining Staff Competency *cont'd*

- Staff training model—intensive in person group training followed up with 6 to 12 months of phone consultation
- Clinical fidelity measures and protocols are available for NAVIGATE components (Family Clinicians, IRT clinicians, and SEE specialists)
- Fidelity monitoring for the overall team is still in its early stages—the available general CSC scales do not necessarily match the evidence-based programs

Identifying and Monitoring Critical Outcomes

- Measures administered at baseline and then monthly or quarterly
- Patient symptom assessments such as the Brief Psychiatric Rating Scale (BPRS; Overall and Gorham, 1962) or the Positive and Negative Symptoms Scale (PANSS; Kay, Fiszbein, and Opler, 1987) or the BASIS-24 (Eisen et al, 2004) self-report
- Broader measures of patient functioning, such as the MIRECC Global Assessment of Functioning (Niv et al, 2007) or the Illness Management and Recovery Scales (Mueser et al, 2005).

Identifying and Monitoring Critical Outcomes *cont'd*

- Work/school status (employed or in school; number of hours working or classes taken; length of longest job, etc)
- Client self-report of satisfaction
- Number of emergency room visits and hospitalizations
- Days of homelessness and incidents involving the criminal justice system
- Length of participation in treatment

Resources

- Checklist for Agencies Interested in Starting a First Episode Psychosis Treatment Program (handout provided at this workshop)
- NAVIGATE manuals
www.navigateconsultants.org)
- Kane, J.M., et. (2015). Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program. The American Journal of Psychiatry. 1-11.

Summary

- Effective treatment of first episode psychosis presents unique opportunity to improve long-term trajectory of schizophrenia
- Clients have needs for comprehensive, flexible treatment to address broad range of needs
- Pharmacological and psychosocial treatment important
- Involvement of all stakeholders crucial
- Treatment needs to be guided by individual client goals and a long-term vision of recovery shared by everyone involved

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