

# RAISE Connection

Overview

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# Schizophrenia

- Schizophrenia is diagnosed in 1% of the population (typically late teens to early 30s)
- Schizophrenia costs the nation \$65 billion per year and accounts for
  - 25% of all hospital bed days
  - 40% of long-term care days
  - 20% of all Social Security benefit days
- People with schizophrenia tend to die at younger ages than general population
- 10% of people with schizophrenia commit suicide; most of those within the first two years of illness

# Possible course of schizophrenia

- Young person goes off to college
- Develops symptoms
- May be hospitalized, possibly several times
- Leaves school
- Young person and family struggle with the illness and changes which have occurred
- It may take considerable time to find the best treatment and help the person return to some semblance of the life they want

# RAISE Connection

- Recovery After Initial (1<sup>st</sup>) Schizophrenia Episode
- An early intervention program based on a critical time intervention (CTI)
- A person-centered, recovery-based program to assist individuals in moving forward and working toward goals
- Set up to provide education and support to individuals and their families

# RAISE Connection

- Multi-element
- Team-based
- Grounded in Critical Time Intervention (CTI) Model (two-year program)
- Emphasis on outreach and engagement
- Shared decision making foundation of treatment decisions
- Clinic based, but separated as much as possible from services for more chronically ill clients

# RAISE Connection

- Team leader (Master's level clinician 1.0 FTE)
- Psychiatrist (0.3 FTE)
- Supported education/supported employment specialist (1.0 FTE)
- Recovery specialist (1.0 FTE)
- Capacity of 30 participants

# Admission criteria

- **Age:** 15-30
- **Diagnosis:** Schizophrenia spectrum disorders
- **Psychopathology:** At least one symptom of psychosis at any time during the current episode (or the recent episode if the individual is seen as he/she is recovering)
- **Duration of Illness:**  $\leq 2$  years since the first onset of psychotic symptoms

Exclusion criteria include intellectual disability and autism spectrum diagnoses

# Team make-up: descriptions

- **Team Leader:** Overall coordination of services individual therapy, case management, crisis intervention, information gathering, safety planning
- **Recovery Coach:** Social skills training, weekly participant group, monthly family group, school coordination
- **Employment/Education specialist:** Job development, addressing work and school related goals and problems
- **Psychiatrist:** Prescribing, shared decision making, education



# Some key elements

- Regular prescribed meetings between participant and team (e.g. weekly meetings with psychiatrist in the first four weeks)
- Family involvement strongly encouraged
- Psychoeducation
- Addressing stigma
- Recovery focus
- Flexibility
- 24-hour phone availability

# More key elements

- Participants group
- Family group
- Individual sessions
- Facilitating interface between participants
- On-call component (and the interesting challenges of texts, Facebook, etc.)

# And more key elements

- Shared decision making
  - Typically including client and family
  - Frank fully informed discussion, allowing for many questions
- Preferred antipsychotic list (LAIs, aripiprazole, risperidone, perphenazine, loxapine)
- Discipline specific expert consultation
- Access to unique materials (e.g. from the National Empowerment Center)

# Final key element: safety planning

- Great concern about the risk of dangerousness to self or others
- People with schizophrenia are much more likely to be victims of violence than general population
- People with schizophrenia have higher rates of suicide than the general population

# Final key element: safety planning

- Most violent acts are committed by people who do NOT have schizophrenia spectrum diagnoses
- However there is some increased risk of dangerous particularly when symptoms are untreated or when there is co-occurring substance use

# Safety planning continued

- Safety plans are documents which are regularly reviewed and revised
  - Identify known stressors
  - Warning signs
  - Techniques which help the client/family deal with stressors/symptoms
  - Steps for client and family to take if things get worse
  - Emergency plan

# University of Maryland RA1SE

- Over 40 participants admitted
- Across our age spectrum
- Gender: 2/3 men 1/3 women
- Co-occurring diagnosis included: marijuana dependence, polysubstance dependence, borderline personality disorder, cognitive disabilities

# Observations

- Treatment focused on recovery/recovery process
  - Development and pursuit of recovery goals
  - Breaking goals down into smaller objectives
  - Identifying and addressing barriers to these goals



# Observations continued

- Medication –
  - Shared decision making with all participants
  - Variable adherence
  - Medication responses range from symptom resolution to symptoms refractory to treatment
  - Several participants unmedicated and symptom free

# Observations continued

- Better than 90 percent retention rate
- With 100% of participants team has had face-to-face contact with families
- Intensive work in engaging families, especially when there were negative experiences

# Observations continued

- 27 of 29 individuals at UMD during the two years of research remained engaged with clinical services
- Larger research study findings
  - Ratings of occupational functioning improved with each month in the program
  - The odds of working or going to school increased each month in the program
  - The odds of remission increased by 1.55 times each month in the follow up from baseline to 6 months
  - On average, symptoms decreased every month in the program.

# Objectives for the team

- Addressing individual and family concerns
- Engagement with both families and clients
- User friendly scheduling and availability
- Provision of state-of-the-art care
- Addressing issue of dual diagnosis
- Working effectively with multiple systems: hospitals, schools and colleges, employers, judicial system

# Finally

- Very challenging work
- Formal outcomes due out soon
- From clinician perspective, very promising
- Three high school graduations last year, on track for two more this year; one college graduation, lots of jobs