Case Study 1: Engagement and Risk Assessment

- What techniques could be used to establish trust and rapport in the first assessment?
- What factors predict a good outcome for Max?
- What factors predict a poor outcome for Max?
- What further information or investigations would be useful at this point?
Engagement

- Engagement has a strong impact on treatment outcome for people with psychosis (Frank et al., 1989)

Engagement: how to make it work

- Recognise that the person may not want to see you; they might be wary or nervous
- Symptoms of psychosis might change their usual interaction style and their ability to understand information
- Identify common ground
- Listen actively
- Take the person seriously
- Be helpful
- Be flexible and accommodating
- Provide clear, simple explanations for procedures
Engagement: how to make it work

- Do not sacrifice the relationship for the sake of extensive information gathering
- Introduce any relevant staff and clearly describe their roles
- People can be paranoid or manic:
  - Sit to one side rather than directly opposite
  - Avoid too much direct eye contact
  - Allow personal space

Engagement: Things to keep in mind

- Most early psychosis clients will be adolescents or young adults
- Many will still be living with family or carers
  - Involve carers in the assessment where possible, stressing that they are involved to “help you get better”
- Most will have little previous contact with mental health professionals or services
Engagement and Stigma

- Where do adolescents and young adults get their information about mental health?
- How accurate is that information?
- How sensitively is mental health portrayed?
- How is psychosis in particular depicted?
- How are mental health professionals portrayed?

Stigma: Me, Myself and Irene

- Jim Carrey’s diagnosis in the movie:
  - “Advanced delusionary schizophrenia with involuntary narcissistic rage”
- This is the way mental health is often portrayed in movies targeting our age range
- Disclaimer: Showing this is not meant to cause offence, but to be a clear example
Stigma: Me, Myself and Irene

What does this excerpt say about people with a mental illness?
Would young people identify with the main character? And would they want to?
How would they expect other people to react to their diagnosis of a mental illness?

Engagement and personal context

What are the young person’s:
- Needs?
- Risks?
- Fears?
- Reactions to the symptoms?
- Coping styles?
- Attitudes towards mental health and mental health care?
Engagement and personal context

- What are the consequences of psychosis to the young person?
  - Friendships / social role
  - Educational / occupational role
  - Self-concept
- What are the parents’ / caregivers’ responses to the situation?
  - Engagement of the family

Risk assessment

- Risk assessment is an ongoing process
- Results should be communicated to other staff members and caregivers
- Possible risks include:
  - Suicide
  - Violence to others
  - Victimisation by others
  - Leaving treatment prematurely
Risk assessment: Suicide

- Suicide rate data
  - Lifetime – people with schizophrenia 10% (Westermeyer et al., 1991)
  - Adolescent-onset 13.1%
  - Male adolescent-onset 21.5% (Krauzs et al., 1995)
  - Lifetime - Affective disorders 15%

Risk assessment: Suicide

- Risk factors for suicide in adolescent-onset psychosis (Krauzs et al., 1995):
  - Male
  - Single
  - Unemployed
  - Severe, chronic illness with onset in past 5 years
  - Severe morbidity following illness
  - Previous suicide attempts
  - Paranoid illness
Risk assessment: Suicide

Risk factors for suicide in adolescent-onset psychosis - continued:

- High IQ
- High premorbid psychosocial function with high expectations of future performance
- Early problems in psychosocial adjustment
- Depression
- Awareness of pathology (Insight)
- Substance abuse

Risk assessment: Suicide

Ratings scales for suicide risk:

- Beck Hopelessness Scale (Beck et al., 1974a)
- Scale for Suicide Ideation (beck et al., 1979)
- Suicide Intent Scale (Beck et al., 1974b)
- Index of Suicide Orientation-30 (King & Kowalchuk, 1994)
- These are ok at screening but not a replacement of direct interviewing, sound clinical judgment and consultation with colleagues

Clinical assessment is vital
Risk Assessment: Violence

- Risk factors in the community:
  - Male sex
  - Young age
  - History of untreated illness longer than one year
  - These risk factors appear to be better predictors of violence than clinical variables in outpatient settings

- Risk factors in inpatient settings:
  - Substance abuse
  - Prior history of violence or abuse
  - High levels of:
    - Hostility
    - Suspiciousness
    - Agitation / excitement
    - Thought disturbance
Risk Assessment: Violence

- Risk factors in inpatient settings:
  - Diagnoses of:
    - Schizophrenia – paranoid type
    - Co-occurring antisocial personality disorder
    - Acute mania
    - Organic psychosis

Risk Assessment: Victimisation by others

- Research on inpatients (not necessarily early psychosis):
  - 75% reported unwanted physical or sexual experiences, generally from other patients
  - 39% reported being physically assaulted during the admission
  - Avoid admission in first episode psychosis where possible, and ensure staffing levels are sufficient for adequate monitoring and care
Risk Assessment: Leaving treatment prematurely

- Research on inpatients suggest the following risk factors:
  - Young age
  - Male
  - Single
  - Diagnosis of schizophrenia
  - Involuntary admission with police involvement
  - Ward containing more unwell patients

Risk Assessment: Leaving treatment prematurely

- Suicidal ideation
- Frequent readmissions
- Mania
- Paranoia
- Co-occurring substance use
- Co-occurring personality disorder
Exercise: Who is psychotic?

- Read the case examples
- For each case, decide whether you think the person is psychotic or not. What influenced your decision?
- For each case, what additional information could come to light that would change your mind?
- (There are no right or wrong answers)

Clinical Assessment: Barriers

- Suspiciousness / distrust / paranoia / persecutory delusions
- Adolescent issues
  - Difficulty identifying feelings
  - Difficulty knowing how to explain symptoms
- Previous adverse experiences with mental health or other services
Clinical Assessment: Barriers

- Attention and concentration problems
- Experience of intrusive and powerful symptoms (e.g., hallucinations, delusions)
- Substance use
  - Intoxication
  - Withdrawal
- Cultural or language barriers

Clinical assessment

- Psychotic (or ultra-high risk) symptoms
  - Earliest signs of disturbance and their onset
  - Evolution of symptoms
  - Phenomenology of symptoms
  - Course and duration of symptoms
  - Precipitants
  - Factors that improve the symptoms
  - Previous treatments and their efficacy
Clinical assessment

- Physical conditions that could be related to the symptoms
  - E.g. head injury; glandular fever; genetic disorders
- Family history
  - Potential genetic risk
  - Family dynamics
  - Family beliefs regarding mental illness

Clinical assessment

- Developmental history
  - Developmental milestones
- Social history
- Educational history
- Occupational history
- Adverse events

This can take several sessions.
Clinical assessment instruments

- **Symptom measures:**
  - BPRS
  - SAPS
  - SANS
  - BSI
  - CAARMS (ultra high risk)
  - OTI (substance use)
  - Premorbid Adjustment Scale (development)

Cognitive assessment instruments

- At PAS we use:
  - WTAR
  - WASI
  - WRAML-2
  - DKEFS (parts of)

but some services use other assessments and some services don’t do cognitive assessments at all.
Physical Assessment and Screen

- Disclaimer: I am not a doctor
- Physical disorders and mental illness often overlap
- Comprehensive physical assessment is essential to establish whether physical illness is present that may mimic the symptoms of a psychotic illness

Physical Assessment and Screen

- This may be the first time that the individual has had extensive contact with health care providers
- Clinicians often do the psycho- and social-parts of biopsychosocial assessments well
  - The bio- is sometimes left behind
Physical Assessment and Screen

- Lab tests can reveal physical diseases which may be:
  - Causal
  - Concomitant
  - Contributing
  - Consecutive
  - to the psychosis

Physical Assessment and Screen

- Physical illnesses that can produce psychotic symptoms or mimic psychotic disorders include:
  - Autoimmune disorders
  - Metabolic disorders
  - CNS infections
  - Systemic infections
  - Cerebrovascular abnormalities
Physical Assessment and Screen

- Recommended physical investigations:
  - Urine and blood drug screen
  - Full blood and urine examination
  - Liver function tests
  - CT or MRI scan
- Any abnormalities should be investigated further using more specialised procedures

Psychosocial assessment

- Assessment should cover a broad range of dimensions
- Should include:
  - Premorbid personality
  - Current conflicts
  - Strengths
  - Coping strategies
  - Accommodation
Psychosocial assessment

- Occupational / educational function
  - Amount of role function attempted
  - Achievement
- Financial status
- Family dynamics and other issues
- Social relationships

Psychosocial assessment instruments

- Quality of Life Scale
- Life Skills Profile
- GAF and SOFAS
- Various self-report measures
  - COPE
  - Social-Emotional Loneliness Scale
Diagnostic assessment

- Diagnosing the presence or absence of psychosis is the primary goal
- Where psychosis exists, diagnosing the exact subtype is a secondary goal
- Psychosis rarely fits into a neat box
- Co-occurring substance use and non-psychotic symptoms can make diagnosis difficult

Diagnostic assessment

- Diagnosis often evolves over time, particularly in the early stages of psychosis
- Avoid premature diagnosis
- Focus treatment on the clinical syndrome rather than a diagnostic category
Diagnostic instruments

- Where diagnosis is necessary:
  - SCID-I (over 18)
  - DIP (over 18)
  - K-SADS (under 18)

Take home messages

- Engagement is vital
- A comprehensive clinical assessment is vital
- Assessment of risks, especially risk of suicide should occur regularly
- Assessment is a multi-faceted, ongoing process