

THE STATE OF MASSACHUSETTS STRENGTHS AND WEAKNESSES IN TREATING FIRST EPISODE PSYCHOSIS

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BACKGROUND

What is First Episode Psychosis (FEP)?

A First Episode refers to the first time someone experiences psychotic symptoms or a psychotic episode. The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed.¹

What is the best treatment for FEP?

Coordinated Specialty Care (CSC) offered early in the course of psychosis increases likelihood of recovery. CSC is a multi-disciplinary model of treatment that is person-centered, recovery-oriented, and promotes shared decision making.²



Figure 1. Evidence Based Practices (EBPs) in the treatment of FEP.

Dark green circles represent standard of care EBPs and light green circles represent practices supported by research which are not yet standard of care.

Who provides FEP treatment in Massachusetts?

- 9 FEP programs in the state of Massachusetts
- Each program has a different approach to treatment!
- 150+ providers who work in a FEP program

Are there any efforts to improve the quality of FEP treatment in Massachusetts?

Yes! The Massachusetts Psychosis Network for Early Treatment (MAPNET) is a Technical Assistance Center founded in 2017 with the goal of training and supporting FEP providers, promoting cross-site collaboration, and offering technical assistance on best practices in FEP treatment.

PURPOSE & METHODS

- To identify strengths and weaknesses in providing EBPs for FEP – on an individual and on a team level
 - To inform the curriculum of MAPNET
 - To assess the effectiveness of MAPNET trainings
1. MAPNET staff developed an anonymous survey
 2. Respondents were asked to rank their ability to provide each EBP for FEP on a scale of 😊 - 😊 (1 – 5).
 3. Survey was administered to 38 providers from 5 different FEP programs.

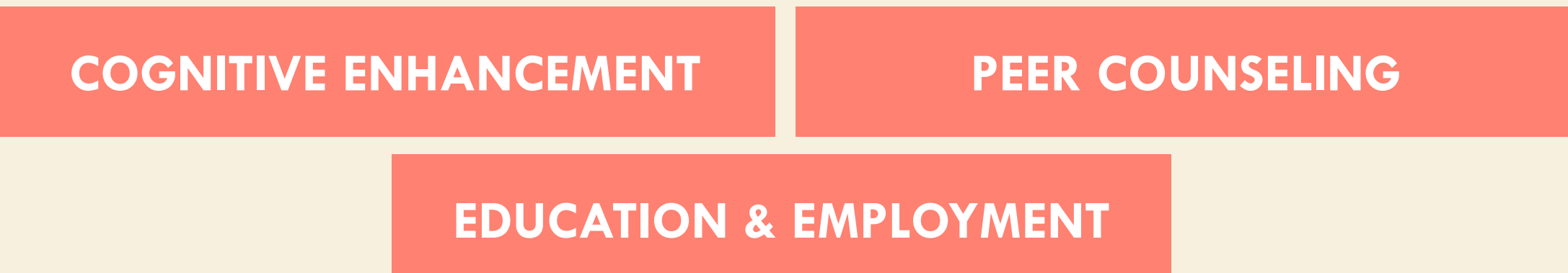
	1. How knowledgeable are YOU (as an individual) about:					2. How would you rate YOUR PROGRAM'S ability to implement:				
	Not at all: I don't know much!	A little: I've had some exposure...	Somewhat: It's not my strength, but I know a fair amount.	A good deal: I can do this pretty well!	A lot: I can teach others how to do this!	Not at all: We don't do this!	Poor: We've tried it once or twice.	Fair: We offer this, but it's not our strength.	Good: We do this pretty well!	Great: We can teach others how to do this!
The rationale for FEP specialty care	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
Differential diagnosis of psychotic disorders	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
Psychopharmacological management of FEP	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
Supported employment and education	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
Motivational interviewing for engagement and substance use	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
Family psychotherapy	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
Individual psychotherapy	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
Group psychotherapy	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
Peer counseling	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
Cognition-enhancing interventions	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
Assessing treatment outcomes	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
A coordinated, multidisciplinary team approach	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊

RESULTS

Self-assessed strengths in FEP treatment:



Self-assessed weaknesses in FEP treatment:



Interrater Reliability (IRR):

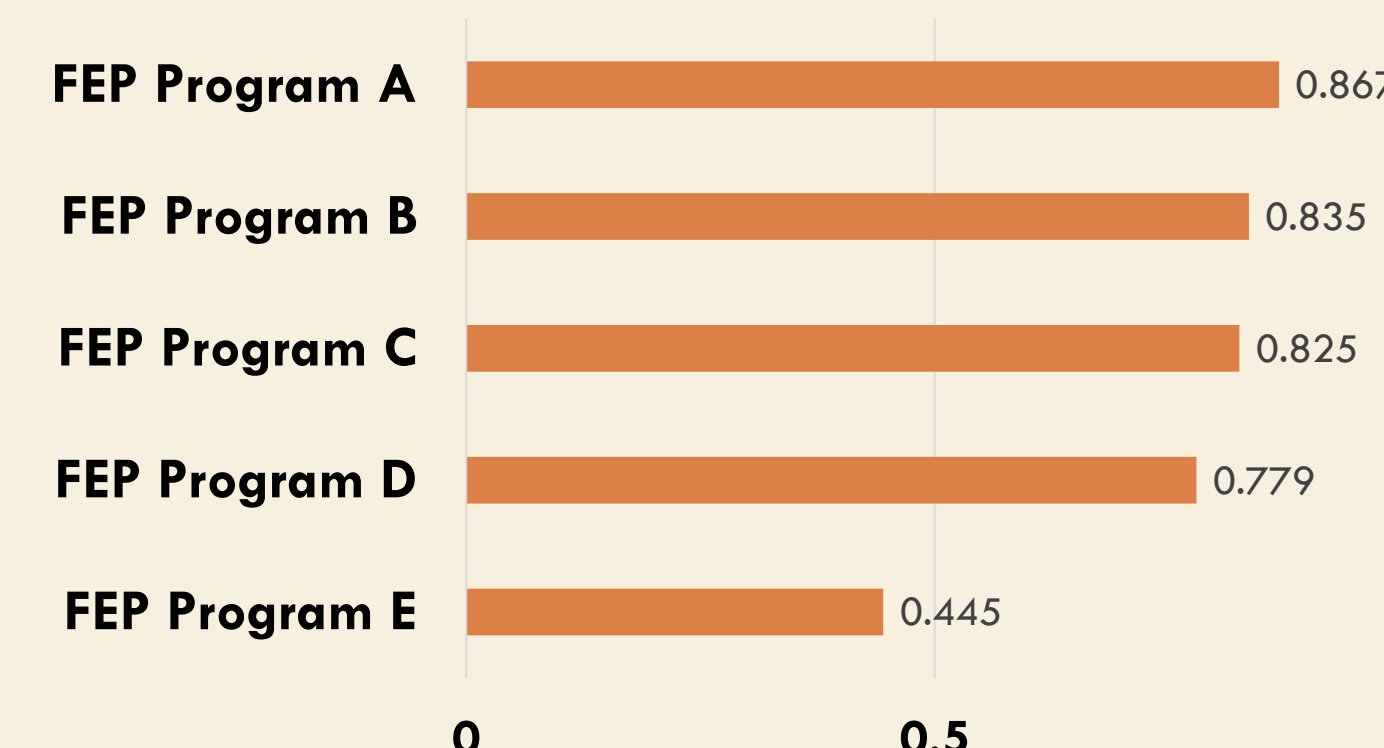


Figure 2. Two-way mixed average measures IRR in FEP programs. Excellent interrater reliability ($0.75 \leq x \leq 1.00$) means that the providers in the FEP program have high agreement on their strengths and weaknesses. Fair interrater reliability ($0.40 \leq x \leq 0.59$) means that the providers in the FEP program have lower agreement on their strengths and weaknesses.^{3,4}

RESULTS

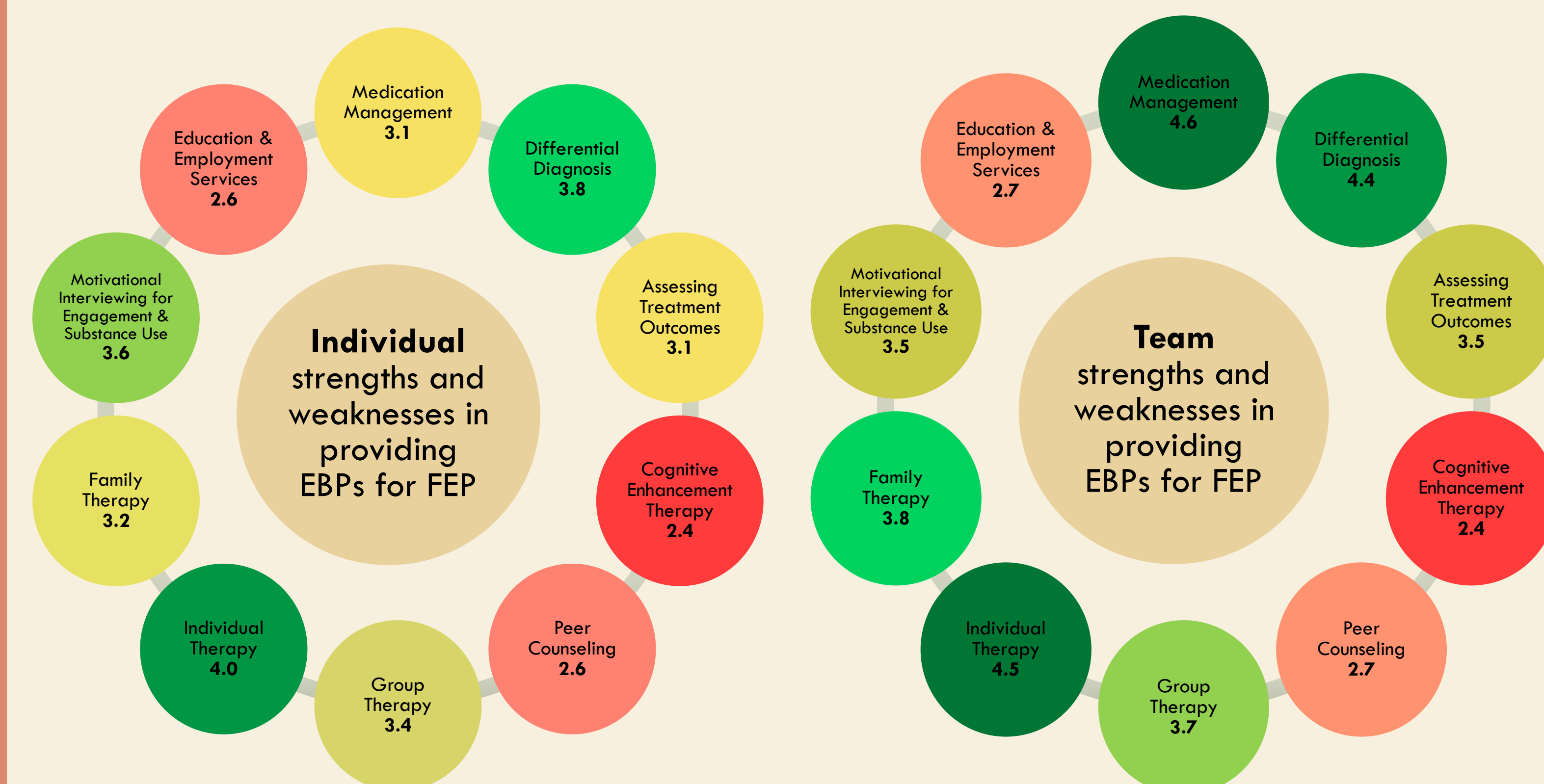


Figure 3. Individual and team strengths and weaknesses in providing EBPs for FEP. Each EBP is listed along with its average (mean) score. Green circles represent strengths and red circles represent weaknesses/ areas for further training.

DISCUSSION

- The most important components of FEP treatment are our **strengths**. Self-assessed areas of strength are also the EBPs with the strongest empirical support for effectiveness in FEP treatment.
- The 'emerging practices' in FEP treatment are close to our **weaknesses**. Education and employment services and cognitive enhancement therapy have empirical support for effectiveness in FEP treatment², but these EBPs are weaknesses amongst FEP providers in Massachusetts. MAPNET has focused our efforts on education and employment services over the past year.
- **Interrater reliability on FEP programs is generally high**. One explanation for fair interrater reliability is that surveys were completed by clinical and non-clinical staff on the FEP program. High interrater reliability is important, as it indicates that all members of the FEP team understand and support the program mission as well as its strengths and areas of growth.

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