Relapse Prevention:
How to explore the early warning signs of Psychosis

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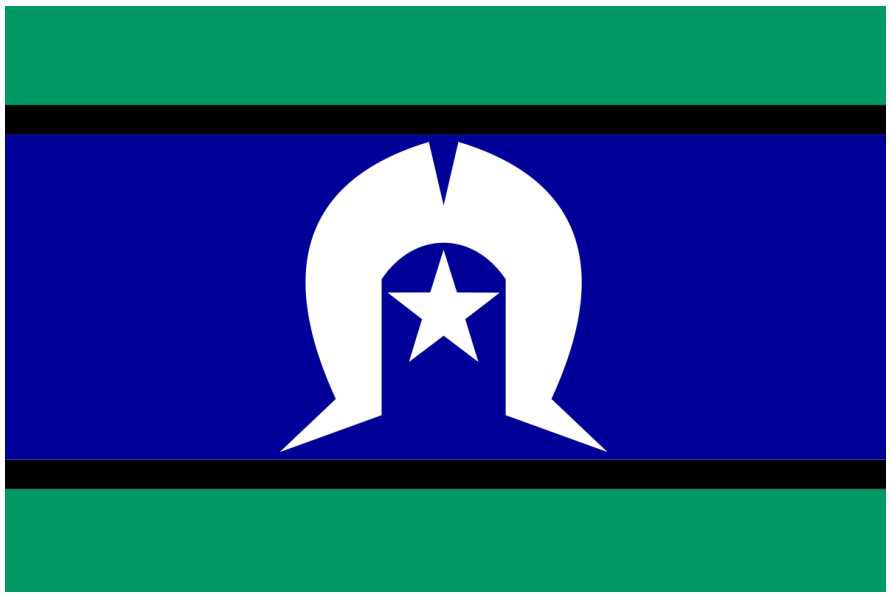

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Introducing…
The Back in the Saddle Model
by Max Birchwood

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The importance of tools

-Increases confidence and knowledge
-Supportive, collaborative tool
-Provides consistency

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RELAPSE PREVENTION: HOW TO EXPLORE THE EARLY WARNING SIGNS OF PSYCHOSIS

- Simon Laxton- Early Psychosis Senior Clinician, Area Mental Health Service
- Dr Melissa Petrakis- Group Director- Social Work Innovation, Transformation and Collaboration in Health (SWITCH) Research Group. Course Coordinator of Bachelor of Health Sciences at Monash University

WHY IS RELAPSE PREVENTION PLANNING IMPORTANT FOR PSYCHOSIS?

- Relapse prevention is highlighted within the Early Psychosis approach. Most research suggests relapse rate in First Episode Psychosis of 70-80% (Tyrer, Harrison-Read, Van Horn, 1997).
- Highest Gitlin et al., 2001 suggest 96% within 2 years (low threshold for symptom re-emergence and all withdrawn from medications).
- Longest study (Wiersma et.al., 1998), over 15 years indicated 70% at 5 years, still climbing to 85% at 9 years.

WHY IS RELAPSE PREVENTION PLANNING IMPORTANT FOR PSYCHOSIS?

- Relapse prevention plans are commonly used in Early Psychosis services as an aid to:-
  - Promote early detection of illness & decrease duration of untreated psychotic illness.
  - Promote rapid recovery from a first psychotic episode.
  - Reduce the frequency and severity of further episodes of psychosis (i.e., Relapse Prevention)
  - "Relapse prevention is crucial as each relapse may result in the growth of residual symptoms" (Shepherd at al, 1989)
  - Cognitive therapy has been found to reduce time of recovery from psychosis by 25–50% (Drury *et al*, 1996*b*).

BACK IN THE SADDLE
by Max Birchwood

A common model used in Early Psychosis is “Back in the Saddle” developed in the United Kingdom (Spencer, Birchwood, McGovern, 2001). This model concentrates on the development of a *Relapse Signature* & *Relapse Drill* & production of a *Relapse Prevention Plan.*

“The drill is developed collaboratively and focuses on patient strengths, carers and service resources. Past coping strategies and therapeutic interventions that have been found to be helpful in preventing relapse are reviewed collaboratively with the individual and incorporated into the drill”. (Birchwood, Spencer & McGovern , 2000)

Advances in Psychiatric Treatment (2000), vol. 6, pp. 93–101

Schizophrenia: early warning signs

Max Birchwood, Elizabeth Spencer
& Dermot McGovern

Relapse in schizophrenia remains common and cannot be entirely eliminated even by the best combination of biological and psychosocial interventions (Linszen *et al*, 1998). Relapse prevention is crucial as each relapse may result in the growth of residual symptoms (Shepherd *et al*, 1989) and accelerating social disablement (Hogarty *et al*, 1991). Many patients feel 'entrapped' by their illnesses, a factor highly correlated with depression (Birchwood *et al*, 1993), and have expressed a strong interest in learning to recognise and prevent impending psychotic relapse.

Early warning signs and the 'relapse signature'

The 'early warning signs' approach to relapse prevention seeks to identify the earliest signs of impending psychotic relapse and to offer timely and effective intervention to arrest their progression towards frank psychosis.

What are the 'early warning signs' of psychotic relapse?

Investigations (e.g. Herz & Melville, 1980; Birchwood *et al*, 1989; Jørgensen, 1998) have consistently determined that subtle changes in thought, affect and behaviour precede development of frank psychosis.

'Dysphoric' symptoms (depressed mood, withdrawal, sleep and appetite problems) are most commonly reported, while psychotic-like symptoms (for example, a sense of being laughed at or talked about) are less frequent. Furthermore, these symptoms generally occur in a predictable order, with non-psychotic phenomena occurring early in the illness, followed by increasing levels of emotional disturbance and, finally, by the development of frankly psychotic symptoms (Docherty *et al*, 1978). The progression occurs, most frequently, over a period of less than four weeks (Birchwood *et al*, 1989; Jørgensen, 1998).

Although these symptoms have sometimes been referred to as the psychotic 'prodrome', they are more accurately conceptualised as 'early warning signs' of psychotic relapse, since the concept of a 'prodrome' (a term derived from the medical literature) implies a disease progression that cannot be interrupted. However, investigators have found that people with psychosis actively use coping strategies to intervene in the onset of psychosis (McCandless-Glimcher *et al*, 1986). Furthermore, strictly speaking, 'prodromal' symptoms of psychosis include only those non-specific symptoms that may signal the onset of a variety of illnesses. However, attempts to predict the onset of psychosis from non-specific or dysphoric prodromal symptoms alone have yielded poor sensitivies and/or specificities (e.g. Jolley *et al*, 1990), but results have been more promising when low-level psychotic symptoms are included in the predictor variables.

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BACK IN THE SADDLE (BITS) MODEL BY MAX BIRCHWOOD

- The five areas of BITS
- Engagement & education
- Identifying early warning signs, relapse signature, timeline exercise
- Developing a relapse drill/RP plan- personal coping strategies, service interventions
- Rehearsal and monitoring
- Clarification

WHY WE THINK ITS GREAT!

- Person centred, consumer is in the drivers seat, promotes self-efficacy, recovery focussed
- Facilitates a conversation about Mental Health and Dual Diagnosis
- Supports the consumer to highlight their own strengths, coping strategies, supports
- Can be useful in assisting with completion of the mental health assessments, in particular the section on early warning signs
- Self learning and discovery
- Can be shared with workers, family, support people, GP, case managers.

Thanks for watching…

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