Occupational Therapy for First Episode Psychosis

Ms. Yeung Sau Fong, Odelia
Occupational Therapy Department
Kwai Chung Hospital
HKSAR
Early intervention
Stage specific intervention
Specialized Occupational Therapy
Outcomes
Early Intervention

Shortening the duration of untreated psychosis (DUP)
Prolonged DUP

Poor cognitive performance (Penttila et al., 2014)
- Attention
- Memory
- Executive function

Severe negative symptoms (Morgan et al., 2006)
- Apathy
- Avolition
- Anhedonia

Social impacts (Penn et al., 2005)
- Stigma
- Unemployment
- Social isolation

Poor long-term functioning
Enhancement of knowledge of mental health in community
Community-wide initiatives to fight stigma
Formation of a team of primary healthcare professionals
Interphase with NGOs, private practitioners and schools
User-friendly easy access to mental health service
Commencement of treatment prior to the crisis
Involvement of families
Initial treatment location should be in clinic or home

Quick access

Shortening DUP

Better prognosis
Stage Specific Intervention

Going through the recovery journey
First 3-5 years post diagnosis may constitute a critical period in shaping long term outcome (Crumlish et al., 2009).

Intensive intervention is provided in a stage specific basis (International Early Psychosis Association Writing Group, 2015).

<table>
<thead>
<tr>
<th>1</th>
<th>Acute stage of FEP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Engagement</td>
</tr>
<tr>
<td></td>
<td>Pharmacological intervention</td>
</tr>
<tr>
<td></td>
<td>Illness management</td>
</tr>
<tr>
<td></td>
<td>Family support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Early recovery (remission)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Insight instillation</td>
</tr>
<tr>
<td></td>
<td>Functional assessment</td>
</tr>
<tr>
<td></td>
<td>Life adjustment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Early recovery (maintenance)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Relapse prevention</td>
</tr>
<tr>
<td></td>
<td>Self management</td>
</tr>
<tr>
<td></td>
<td>Life adjustment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Late recovery (functional recovery)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Life functioning enhancement</td>
</tr>
<tr>
<td></td>
<td>Life role establishment</td>
</tr>
</tbody>
</table>
Specialized Occupational Therapy

Adding perspective into multi-disciplinary service
Complexity of contributing factors
Symptom management
Medication compliance and its importance
Side-effect monitoring and education
Supportive intervention & empowerment
Treatment planning
Roles during recovery journey
1 Acute stage of FEP
- Engagement
- Pharmacological intervention
- Illness management
- Family support
1. Acute stage of FEP
   - Engagement
   - Pharmacological intervention
   - Illness management
   - Family support

2. Early recovery (remission)
   - Insight instillation
   - Functional assessment
   - Life adjustment

- Matching the value, functioning and actual life
- Reengineering the expectation
- Shaping the life roles

✓ Explanatory model of illness
✓ Acknowledgement of recovery journey
✓ Cognitive function
✓ Daily living independence
✓ Vocational capacity
1. Acute stage of FEP
   - Engagement
   - Pharmacological intervention
   - Illness management
   - Family support

2. Early recovery (remission)
   - Insight installation
   - Functional assessment
   - Life adjustment

3. Early recovery (maintenance)
   - Relapse prevention
   - Self management

- Self-esteem adjustment
- Stress management
- Occupational lifestyle redesign

- Explanatory model of stress-vulnerability
- Potential causes of relapse
- Relapse implication on brain
- Early warning signs
- Crisis management plan
<table>
<thead>
<tr>
<th>Acute stage of FEP</th>
<th>Early recovery (remission)</th>
<th>Early recovery (maintenance)</th>
<th>Late recovery (functional recovery)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement</td>
<td>Insight instillation</td>
<td>Relapse prevention</td>
<td>Life function enhancement</td>
</tr>
<tr>
<td>Pharmacological intervention</td>
<td>Functional assessment</td>
<td>Self management</td>
<td>Life role establishment</td>
</tr>
<tr>
<td>Illness management</td>
<td>Life adjustment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Life role identification
- Return to work / school programs

- Functional rehabilitation
- Social cognition and skill training
- Pre-vocational programs
Core aspects to look into - 1) Cognitive Functioning

Cognitive impairment of FEP
(Profile of MATRICS Consensus Cognitive Battery MCCB)

Core aspects to look into - 1) Cognitive Functioning

- Cognitive impairment
  - Verbal learning (Censits et al., 1997)
  - Executive function (Heinrichs, & Zakzanis, 1998)
  - Attention (Milev., 2005)
- Prospective memory (Zhou et al., 2012)
- Executive function
  - Poor prognosis
  - Social functioning (Green et al., 2004)
  - Work skills (Bowie et al., 2006)
  - Employment outcomes (Velligan et al., 2000)
  - Treatment adherence (Robinson et al., 2002)
  - Treatment effectiveness (Chen et al., 2005)
- Prediction
Cognitive remediation is promising to improve cognitive function of people with FEP (Fisher et al., 2015; Lee et al., 2013)

Core aspects to look into - 1) Cognitive Functioning

- Drilling through computer assisted cognitive training
- Promoting learning-induced neuroplasticity
- Improving cognitive function
Core aspects to look into - 2) Life Functioning

Negative symptoms in FEP

- Apathy
- Avolition
- Anhedonia
- Asocial

Disruption in occupational engagement and lifestyle

- Not able to establish life role with poor life functioning
Core aspects to look into - 2) Life Functioning

- Goal setting
- Life coaching
- Successful experience

Occupational lifestyle redesign program

Life functioning

Leisure Life
Social Life
Work Life
Domestic Life
Outcomes

Acknowledging the recovery
Suggested Outcomes

Administrative outcomes:
- Number of referrals
- Number of family involved
- Number of treatment provided
- Waiting time of the service

Clinical outcomes:
- Duration of untreated psychosis
- Relapse rate
- Concept of illness management
- Mental wellbeing, perception of hope, life functioning, functional outcomes

Subjective appraisal:
- Satisfaction of the service
- Self-perception on recovery oriented practice
References


Q & A

NOTE:
To change the image on this slide, select the picture and delete it. Then click the Pictures icon in the placeholder to insert your own image.