First Episode Psychosis (FEP)

What it is and where to get help in Washington

Maria Monroe-DeVita, PhD

UW PACC presentation

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UW SPIRIT Center Mission

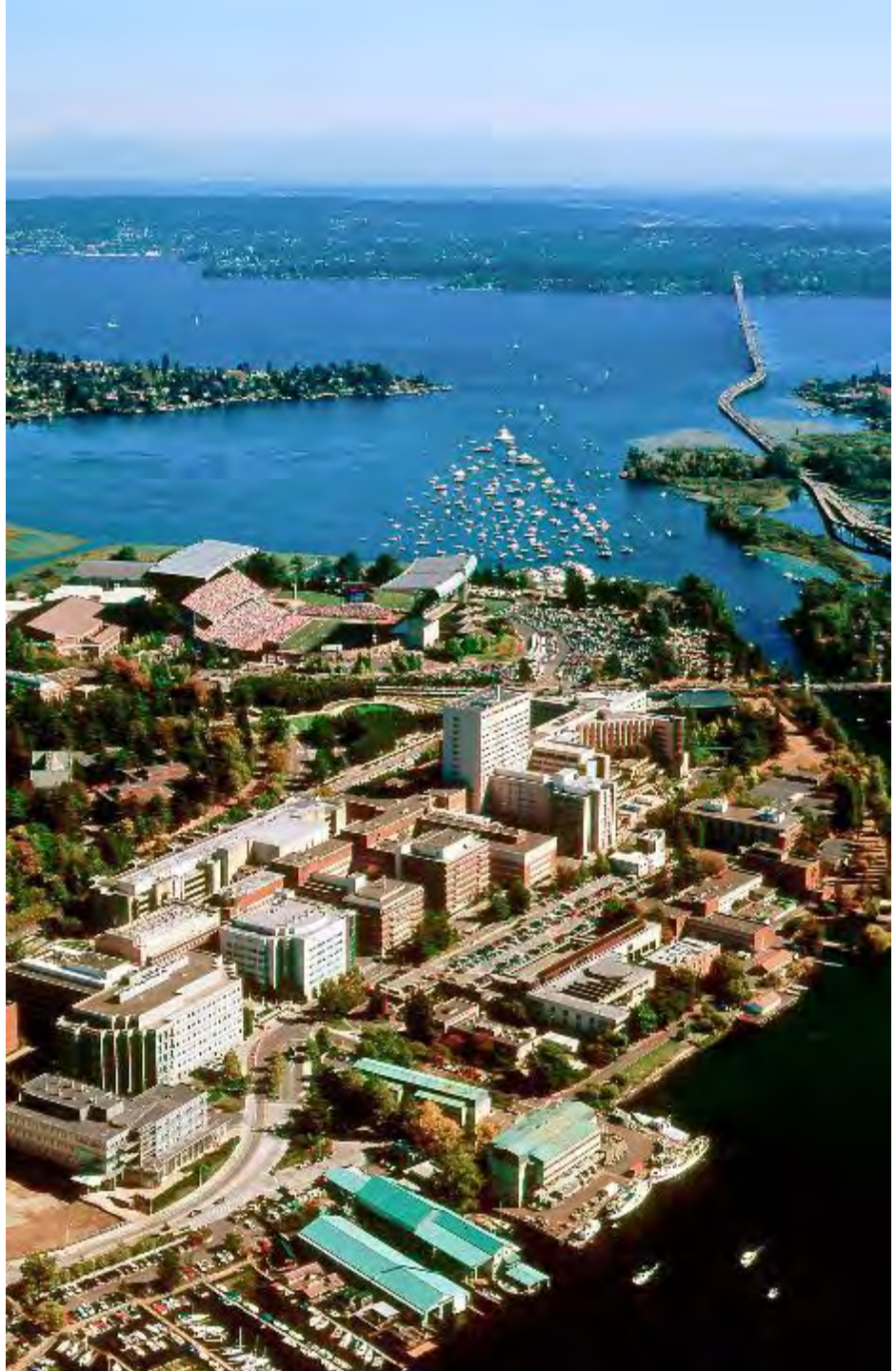
We are committed to improving the care of individuals who have or are at risk for a serious mental illness (SMI) through research, training, consultation, technical assistance, and fidelity assessment.



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Learning Objectives

1. Define first episode psychosis (FEP)
2. Identify the services provided by the New Journeys Coordinated Specialty Care (CSC) Team
3. Locate New Journeys programs and contacts in WA



Definition of Psychosis

"Psychosis refers to a collection of symptoms that affect the mind, where there has been some loss of contact with reality.

During an episode of psychosis, a person's thoughts and perceptions are disrupted and they may have difficulty recognizing what is real and what is not."

From U.S. Department of Health and Human Services (2023). *Understanding psychosis*. National Institute of Mental Health. National Institute of Mental Health. https://www.nimh.nih.gov.

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Constellation of Symptoms of Psychosis

Hallucinations	Delusions	Thought Disorder	Negative Symptoms	Cognitive Symptoms
Sensory experiences in the absence of sensory input • Hearing, seeing, feeling, smelling, or tasting something that is not there	A false belief or perception that is firmly held despite contrary evidence. • Beliefs are not held by others in their community.	Changes in an individual's cognitive organization that affect their: • Thoughts • Speech • Behavior • Present as disorganized or bizarre	A decrease in someone's: • Motivation • Ability to experience pleasure • Interest in social interactions • Speech • Affective range	Difficulty in areas of: • Attention • Concentration • Memory • Organization • Planning • Social cognition

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Prevalence of Psychosis

Not all psychosis is schizophrenia.

- Approximately 27% of the general population has experienced “psychotic-like experiences.” (Also known as PLEs)
- Less than 1% of the general population will be affected by schizophrenia in their lifetime.

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What appear to be psychotic symptoms could be explained by:

1. **Culture:** Culturally normative experiences (not typically a concern)

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Culturally normative experiences



Specific Cultural Context

Do others in their community experience similar things? How do they explain them?



Societal Expectations

How does their communities' social expectations shape what we might see as "diagnosable?"



Relationship Dynamics

How might their cultural identity impact their trust in providers, or in how they describe their symptoms to you?

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What appear to be psychotic symptoms could be explained by: (continued)

1. **Culture:** Culturally normative experiences (not typically a concern)
2. **Psychosis secondary to another medical condition such as:**
    a. **Other psychiatric conditions:** OCD, BDD, PTSD, DID
    b. **Delirium**/altered mental status
    c. **Medical**/neurological conditions
    d. **Alcohol or other substance use** or withdrawal
    e. **Sleep/environmental** deprivation
3. **Affective psychosis:**
    a. **Mood disorders:** Bipolar disorder or major depressive disorder with psychotic features

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Affective Psychosis: Bipolar Disorder with Psychotic Features

- May present like schizoaffective disorder, but there are two primary differences:
- Psychosis only occurs during mood episodes (most often during a manic episode).
- The content of the psychosis is consistent with the mood (mood syntonic or congruent)

Affective Psychosis: Major Depressive Disorder with Psychotic Features

- Approximately 18% of those diagnosed with MDD report experiences with symptoms of psychosis.
- Psychosis typically only occurs during severe depressive episodes.
- The themes of the psychosis are consistent with their emotions.

What appear to be psychotic symptoms could be explained by: (cont.)

1. **Culture:** Culturally normative experiences (not typically a concern)
2. **Psychosis secondary to another medical condition such as:**
    a. **Other psychiatric conditions:** OCD, BDD, PTSD, DID
    b. **Delirium**/altered mental status
    c. **Medical**/neurological conditions
    d. **Alcohol or other substance use** or withdrawal
    e. **Sleep/environmental** deprivation
3. **Affective psychosis:**
    a. **Mood disorders:** Bipolar disorder or major depressive disorder with psychotic features
4. **Non-affective psychosis:**
    a. **Or "primary psychosis":** Schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, delusional disorder

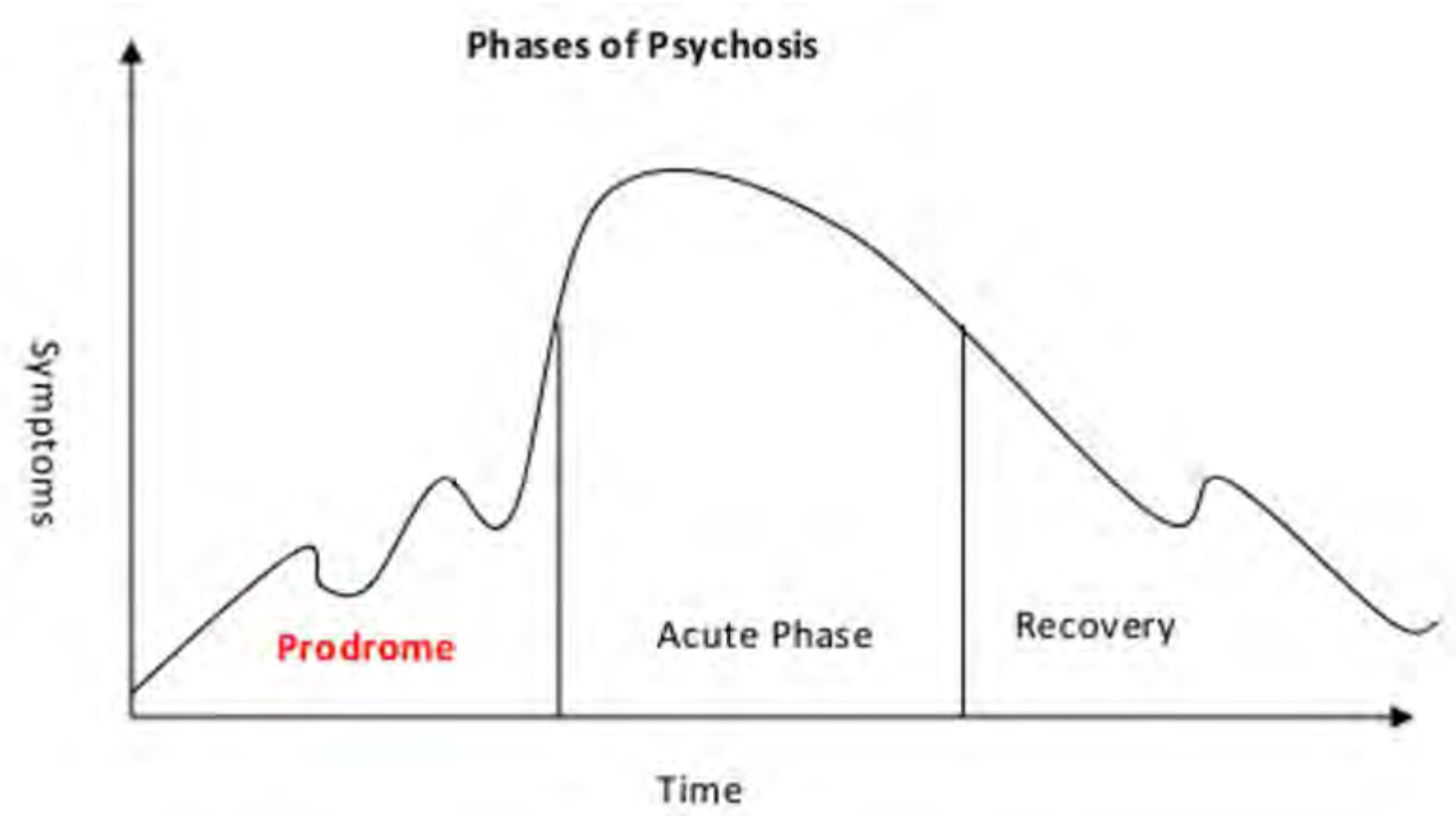
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An overview of schizophrenia spectrum diagnoses

- Schizophrenia
  - 6+ months of continuous disturbance
- Schizophreniform
  - Less than 6 months, often a provisional diagnosis
- Schizoaffective
  - Full criteria for schizophrenia **AND** a major mood episode (MDD and/or mania or hypomania)
- Brief Psychotic Disorder
  - Onset of psychotic symptoms that last 1 week to 1 month followed by a return to normal functioning

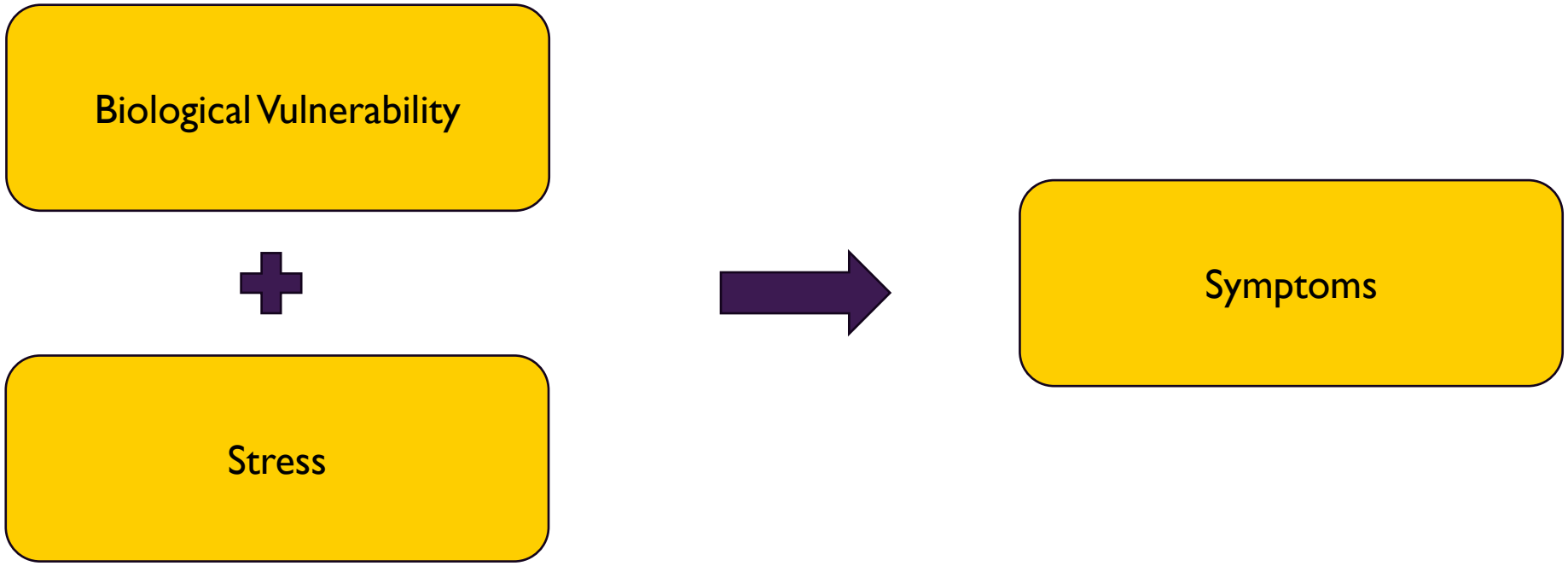
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Phases of schizophrenia spectrum illness



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Stress-Vulnerability Model of Psychosis



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Contributing Factors: Trauma

Trauma, loss, or systemic oppression can lead to trauma-induced psychosis **and** can increase one's risk of developing other disorders like Schizophrenia

The experience of psychosis may be:

- A way to make meaning of painful/overwhelming experiences
- A way to feel safe or in control
- A way to escape painful feelings/memories

Contributing Factors: Cannabis

- As cannabis use increases in the U.S. so does the incidence of psychotic disorders [1, 2]
- People who use high potency THC daily are 5x more likely to develop a psychotic disorder than people who do not use cannabis [3]
- People who experience cannabis-induced psychosis are at higher risk of developing schizophrenia [4]



New Journeys: Coordinated Specialty Care (CSC) for First Episode Psychosis

A Brief History of FEP Services

- **Mid-1980's on:** International research supports a team-based approach to supporting FEP. This model is later called Coordinated Specialty Care (CSC).
- **2008:** RAISE research trials conducted on CSC for the first time in the U.S.
- **2014:** U.S. Congress directs federal block grant funds to support CSC implementation in U.S.
- **2015:** New Journeys CSC is piloted in Yakima, WA
- **2019:** 2SSB 5903 is passed into legislation
- **2026:** 16 New Journeys teams across WA



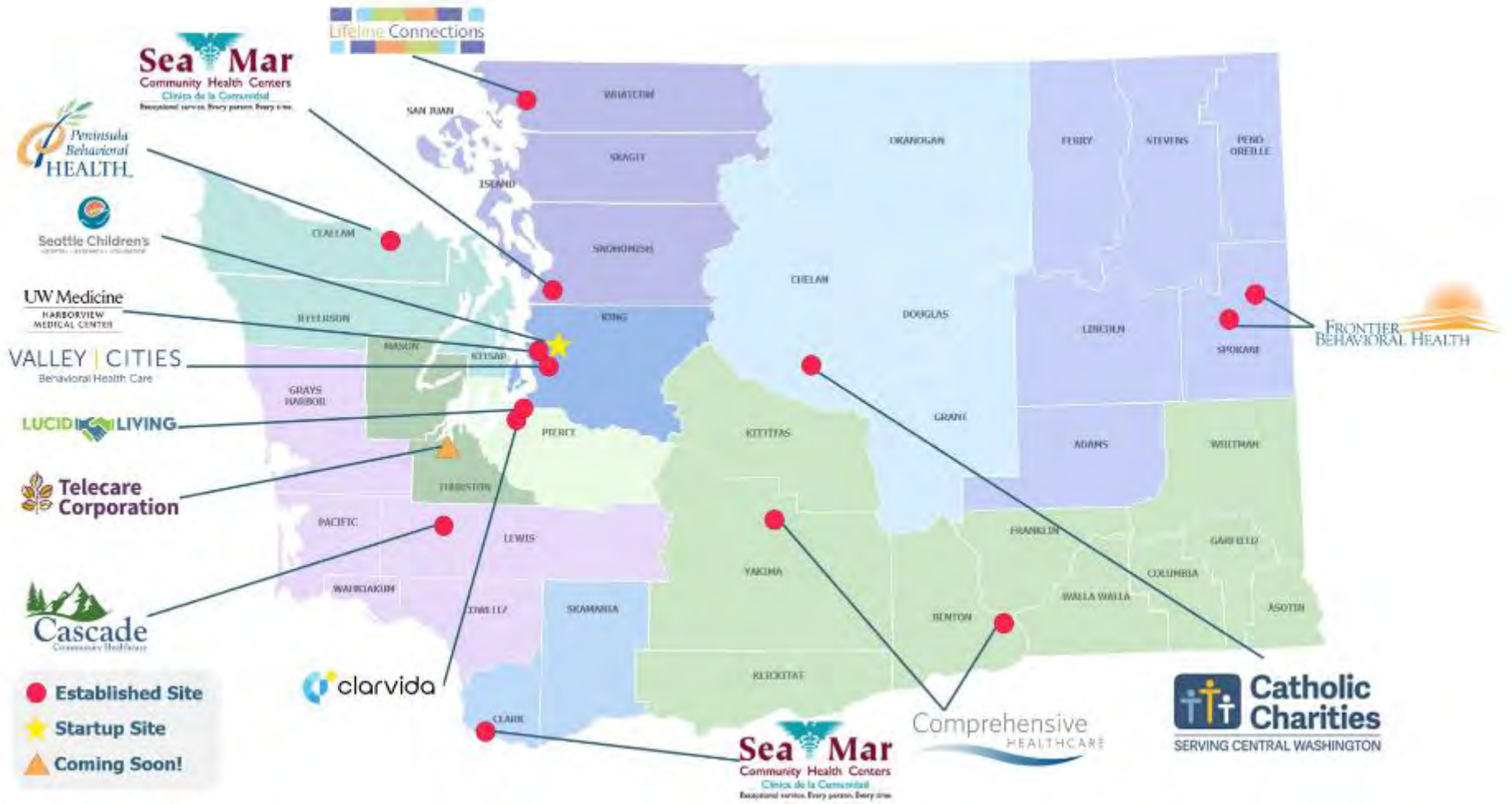
New Journeys admission criteria

- Ages: 15-40.
- Resident of counties served listed on our map.
- Psychotic symptoms have been present between 1 week and 3 years.
- Primary diagnosis of one of the following:
  - Schizophrenia
  - Schizoaffective disorder
  - Schizophreniform disorder
  - Brief psychotic disorder
  - Delusional disorder
  - Other specified psychotic disorder
  - Major depression with psychotic features
  - Bipolar disorder with psychotic features

The following do not meet criteria:

- Psychosis is known to be caused by one of the following:
  - substance intoxication or withdrawal
  - Psychosis known to be caused by a medical condition
- Primary diagnosis of autism spectrum disorder
- Documented IQ of less than 70

16 New Journeys Teams in Washington



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Another look at the list of 16 New Journeys teams

- **Benton & Franklin:**
  - Comprehensive Healthcare
- **Chelan County:**
  - Catholic Charities
- **Clallam County:**
  - Peninsula Behavioral Health
- **Clark County:**
  - Sea Mar
- **King County:**
  - Seattle Childrens', Harborview STEP, Valley Cities
- **Lewis and Cowlitz Counties:**
  - Cascade Community Healthcare
- **Pierce County:**
  - Lucid Living and Clarvida
- **Snohomish County:**
  - Sea Mar
- **Spokane County:**
  - Frontier Behavioral Health (2 teams)
- **Thurston and Mason Counties:**
  - Telecare (coming soon)
- **Whatcom County:**
  - Lifeline Connections
- **Yakima County:**
  - Comprehensive Healthcare

New Journeys Services and Supports



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Psychiatric Services

Differential diagnosis, medication education, shared decision-making, follow prescription guidelines for FEP; Monitor side effects and common medical issues

Important this this role is integrated within the New Journeys team (weekly team meetings, treatment planning, etc)



Family Education and Support

- Psychoeducation
- Relapse prevention
- Strategies for coping with stress and preventing burnout
- Communication strategies

- Connecting families to UW SPIRIT Center's Psychosis REACH Training



Supported Employment and Education

Builds on Individual Placement and Support (IPS)

- Supports the choice and access to education and employment based on an individual's interests and preferences
- Job development, coaching, and follow-along supports

Help with navigating accommodations and disclosure

- Workplace accommodations
- School IEP, 504 plan, extra time on tests, higher education
- Pros and cons of disclosure and the level of detail shared

Benefits counseling and support (as needed)

- Exploring options for financial support to meet needs
- SSDI/SSI
- Medicaid

Individual Therapy

- Individual Resiliency Training (IRT) or Individual Resiliency in Life (IRL) covering 14-16 modules
- Psychoeducation
- Goal planning, with each module and skill focuses on how it applies toward the goal
- Processing the psychotic episode
- Managing symptoms and distress
- Developing resiliency
- Improving social functioning
- Addressing substance abuse and health
- Relapse prevention planning



Peer Support Specialist –

has lived experience with behavioral health challenges, certified in WA

- Acts as an advocate and cultural bridge between the clinical world and those with lived experience
- Assists with navigating the service system
- Spends more time in the community to build confidence in abilities and practice skills alongside participants
- Can be the most helpful with engagement
- Use their own recovery stories (as relevant) to inspire hope



Case Manager

- **Resource brokering**
  - Housing supports, food assistance, cash assistance, access to PCP, etc.
- **Advocacy and education**
  - Reinforcing education learned in session, supporting destigmatization of mental health, supporting knowledge of individual rights, treatment options, and decisions to apply for benefits with Medicaid or SSI/SSDI
- **Daily living support**
  - Transportation, budgeting, fostering independent living skills

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Nurse Care Manager

- Health Education and Coaching
- Support with ongoing medication management
- Care coordination
- Screening for common health comorbidities
  - Support getting vitals, metabolic monitoring, side effects, etc.

QR Code and Link to the New Journeys website for more information



About New Journeys

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QR Code and link to the Washington Center of Excellence for Early Psychosis website



[Get Early Psychosis Care | Washington State Center of Excellence in Early Psychosis]

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Questions?

Contact:

mmdv@uw.edu

