

A NEW WAY OF LOOKING AT PSYCHOSIS: RECOVERY

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**NEOMED DEPARTMENT OF PSYCHIATRY
COORDINATING CENTERS of EXCELLENCE**



Best Practices in Schizophrenia Treatment
(BeST) Center

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RECOVERY WEBINAR OBJECTIVES

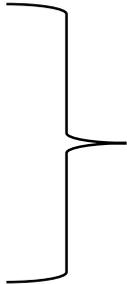
1. Recognize the signs and symptoms of psychosis
2. Identify indicators of recovery in individuals living with psychosis
3. Identify habitual responses to stigma thinking in self and others
4. Recognize the importance of responding to stigma or discrimination appropriately to create an environment of cultural humility



WHERE CAN WE FIND THE BEST TREATMENT AND SUPPORT?

- **Community Mental Health Agencies (CMHAs)**

- Licensed psychotherapists
- Case Managers
- Physicians/Psychiatrists
- Nurses



These services are thought of as the first line of services, but that's not always true...

- **Community personnel**

- Police officers – CIT trained officers – can provide mental health support during a crisis that requires law enforcement to be involved

- **School counseling services**

- Higher education institutions
- High School



This is the age range when the majority of onset of symptoms takes place

- **Family members** – Family is as confused as the affected person

A NOTE ABOUT CIT OFFICERS

Sometimes treatment occurs because there has been a crisis within the community – or even at home that requires immediate help

Benefits of CIT

- Trained in a variety of mental illnesses
- Increases the likelihood of referral and transport to a local mental health service
- Decreases the likelihood of arrest during interaction with those that have a mental health diagnosis
- Increases community satisfaction with police and police satisfaction and comfort with individuals that are living with a mental illness*

This is an opportunity for the community to come together and work for and with each other for the benefit of everyone.

*Wasser, et al., 2017

NOTES ABOUT FAMILIES AND EDUCATIONAL SYSTEMS

Family and Mental Illness

- When knowledgeable and supportive families are engaged in treatment, outcomes are improved¹:
 - Reductions in relapse and re-hospitalization rates
 - Improved family well-being, family relationships, social functioning and medication adherence

Education and Mental Illness²

- More than 33,000 students *with mental illnesses* currently enrolled in colleges and universities in the United States
- Number appears to be growing
- Rise in this student population is ***presenting opportunities for*** college campuses to respond to the needs of this population

¹Cuijpers, 1999; Dixon & Lehman, 1995; Dyck et al., 2000

²Salzer, Wick & Rogers, 2008

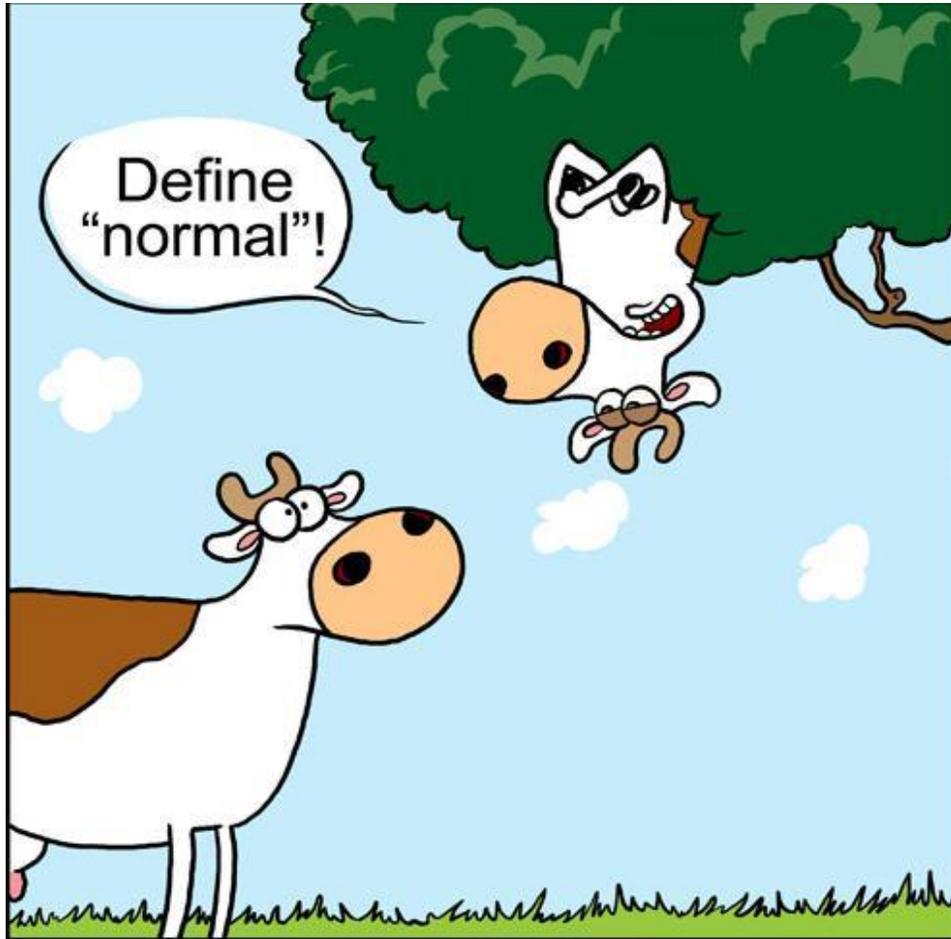
As we move through this webinar, we'd like you to keep a few things in mind:

Recovery happens!

Individuals recovering from psychosis experiences can do anything they want to in their lives –

- ***Finish school***
- ***Go back to college – and graduate!***
- ***Get a good job***
- ***Get married***
- ***Vote***
- ***Develop friendships***
- ***Enjoy life***
- ***Enjoy hobbies and special interests***
- ***Be a working member of a family***
- ***Become independent***
- ***The list goes on and on.....***
- ***Please share the good news...***

PSYCHOSIS IS COMPLEX...



- Psychosis is a symptom that occurs when the brain is not processing information effectively
- As a result of this, the person experiencing psychosis is trying to understand misperceptions made about self, others, and environment
- Properly speaking, it is a *neurological* condition that results in a cluster of symptoms we call psychosis
 - Hallucinations
 - Delusions
 - Negative Symptoms

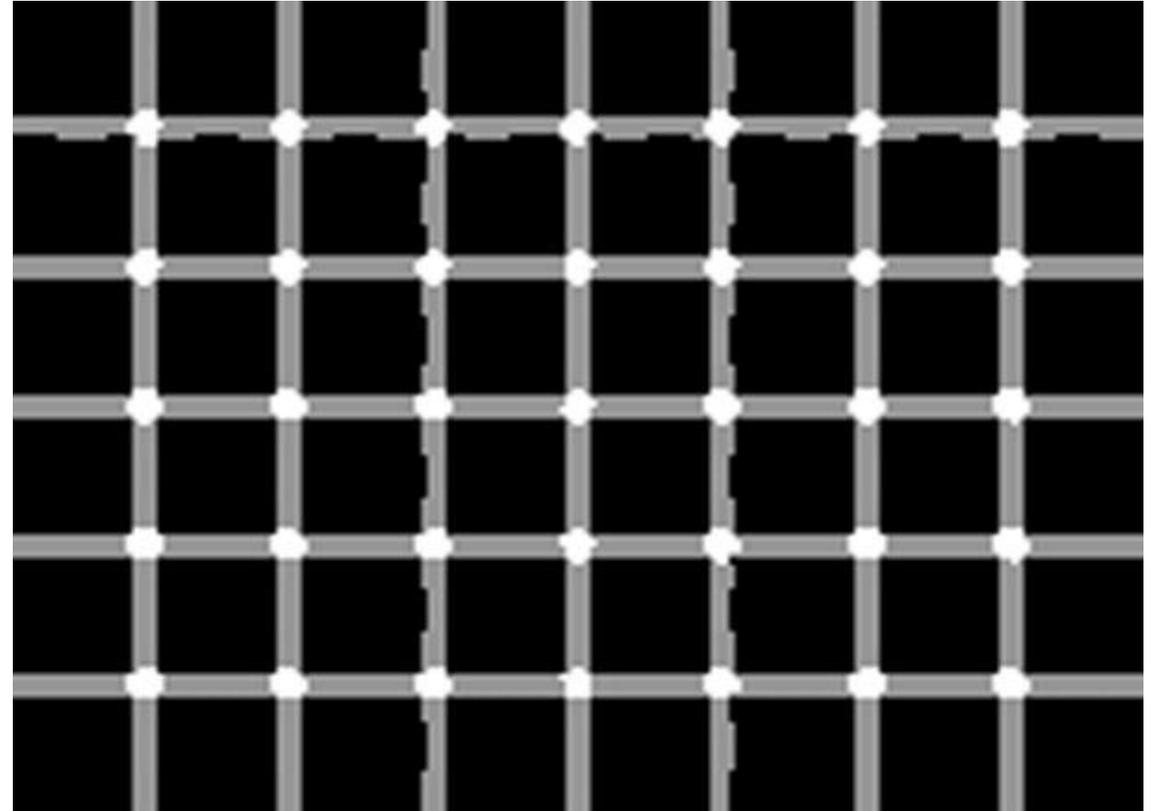
WHAT IS PSYCHOSIS?



NORMALIZATION: TRUE FACTS ABOUT PSYCHOSIS

- Did you know that many people who experience psychosis only experience it one time? And many individuals who experience more than one episode still manage to lead happy and productive lives?
- Did you know that nearly all of us have experienced something that can be described as psychotic. Most of us have had some kind of hallucinatory experience!

ILLUSIONS



Adapted From Moving Forward: Introduction to Psychosis (2012)

WHAT COLOR
IS THIS DRESS?

ANYBODY GOT A
GUESS?

ANYBODY?



FIRST EPISODE PSYCHOSIS



- Refers to the first time someone experiences a perception challenge that impacts how they think, feel, and behave
- Commonly referred to as FEP
- The word **psychosis** is used to describe conditions that affect the mind, where there has been some change in perception of reality

FIRST EPISODE PSYCHOSIS BASICS

- Often begins when a person is in their late teens to mid-twenties
- Three out of 100 people will experience psychosis at some time in their lives
- About 100,000 adolescents and young adults in the United States experience a first episode of psychosis each year



NIH, 2015

FIRST EPISODE PSYCHOSIS BASICS

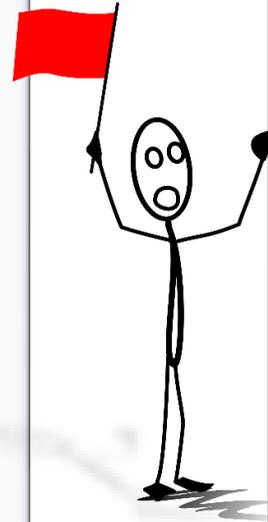
- People experiencing a first episode of psychosis often do not understand what is happening
- Symptoms can be disturbing and unfamiliar, leaving the person confused and distressed
- Psychosis affects people from all walks of life



NIH, 2015

WARNING SIGNS – BEFORE THE PSYCHOSIS STARTS

- Increased difficulty with work or school
- Difficulty concentrating
- Odd thinking or behavior
- Feeling like something is just not right
- Having trouble putting words and sentences together clearly – disorganized thoughts; confusion
- Emotional outbursts for no apparent reason



- Feeling afraid with no apparent reason
- Hearing things or voices that no one else can hear
- Withdrawal from usual interests, hobbies, friends and family
- Poor personal hygiene
- Baseline functioning begins to fail/deteriorate
- Persistent, unusual thoughts or beliefs

PSYCHOSIS

“He said that it is psychosis, but I know what I am. Psychosis is a disconnection from reality. I’m not disconnected from reality!”



Myers, et al., 2019

INDICATORS OF PSYCHOSIS

Positive Symptoms

1. Auditory hallucinations

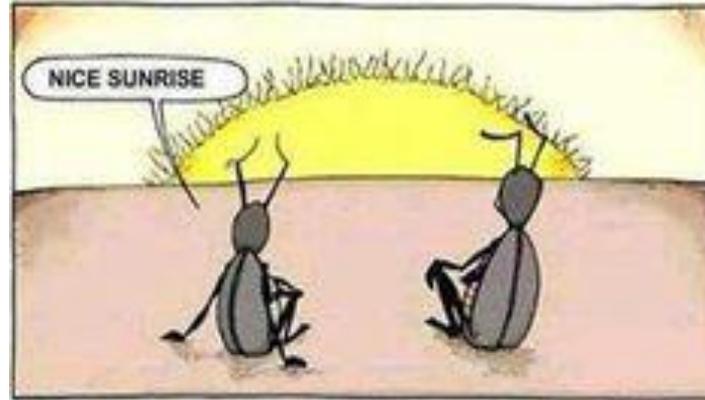


“You are dead”

2. Visual hallucinations or images that are often terrifying



3. Delusions

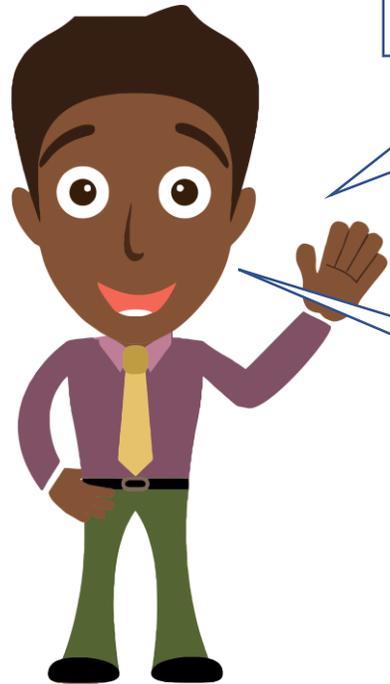


Negative Symptoms

- Hypersomnia
- Isolation
- Lack of activity
- Slowed speech and movement



ANOSOGNOSIA



Hey...Why don't you work?

I do work. I do marketing research for financiers!

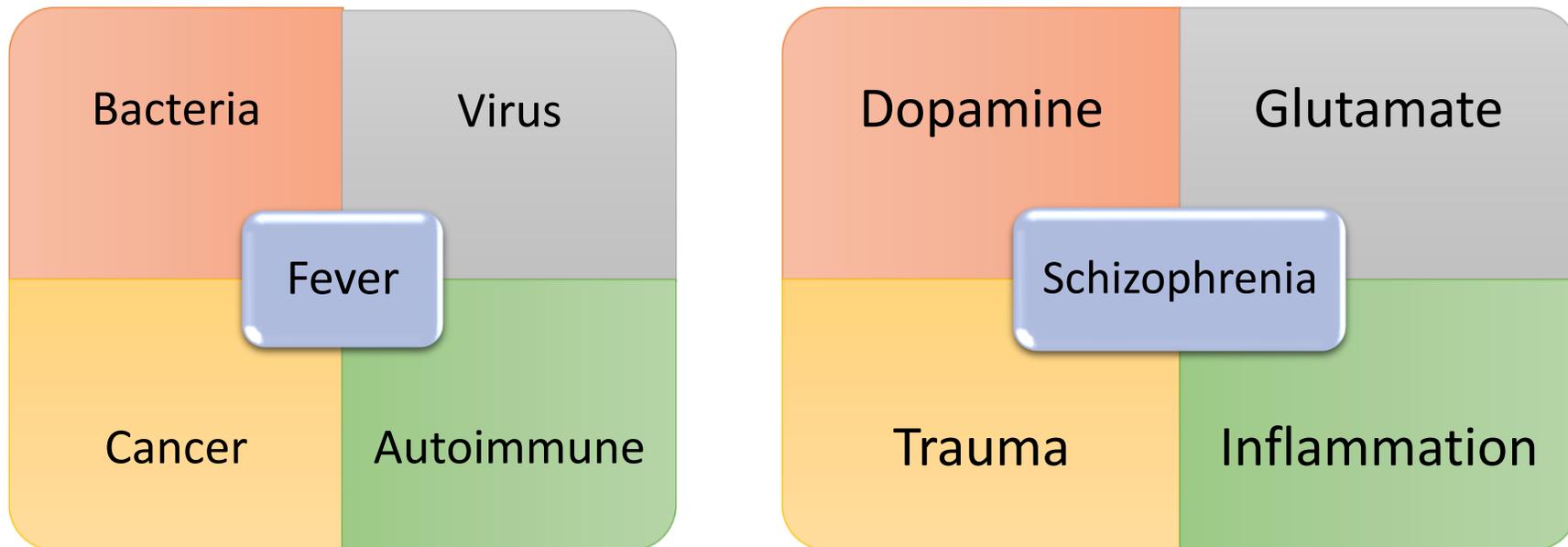
How do you figure that?

Well, if I collect a lot, then it's a bull market; if not, then it's a bear market



This is a **neurological impairment**. It is not denial. It is not manipulation. It is genuine inability to recognize something is wrong

THERE ARE DIFFERENT CAUSES FOR FEVER TOO, AND WHAT CAUSES IT DICTATES HOW WE MANAGE IT.



The term “Schizophrenia” is *symptom* descriptive, but not physiologically descriptive.

Messamore, Eric (2017)

STRESS AND THE DEVELOPMENT AND MAINTENANCE OF SCHIZOPHRENIA

The development of schizophrenia used to be called a “one hit” theory

- Genetics/biology

Then came the “two hit theory”: The Stress Diathesis Model

- Genetics/biology
- Environment

Davis, Jet al., 2017

NOW...IT'S CALLED THE MULTI-HIT THEORY

Schizophrenia is sometimes called a “syndrome” due to the many factors involved in its presentation

Genetics/biology	Vitamin D deficiency in utero development in infancy
Environment	Viral infections
Cannabis use in adolescence	Smoking
Childhood trauma	Lower IQ
Social Defeat	Social Cognition – lack of emotion recognition
Maternal nutrition before and during pregnancy	Davis, J.E., et al., 2017,

LET'S DISCUSS SUBSTANCE ABUSE

- Substance abuse is very common among those who also have a diagnosis of psychosis – about 50% have co-existing substance use disorder*
- Hard to tell whether the psychosis experiences happened first, or if the substance abuse happened first
 - Often, people experiencing psychosis use substances in order to quiet ongoing voices and/or intrusive thoughts
 - Sometimes people abuse substances enough to prompt psychosis symptoms
- Often these individuals find themselves in trouble at school, at work, at home, in the community – this can look like criminal behavior, but may not be
- Many providers need to be aware and be prepared to help

*Wilson et al., 2018



THE WHOLE PICTURE

Psychosis is not an
“illness” in and of itself

Psychosis is a symptom of
some deeper underlying
issue

It is neurodevelopmental

It is a neurological
disorder

It occurs on a continuum

We have likely
experienced ourselves

SCHIZOPHRENIA & PSYCHOSIS: COMMON MISCONCEPTIONS

MYTH: *People with schizophrenia and psychosis rarely, if ever, get well.*

FACTS:

- With timely and appropriate treatment, individuals can and do recover
- Clients may not be “cured,” but can learn to cope with symptoms and go on to lead meaningful, productive lives
- Percentage who recover or significantly improve ranges from 43% - 84% across multiple studies globally¹

¹Jansen, 2014

MISCONCEPTIONS CONT'D

MYTH: *People with schizophrenia and psychosis will have to take medication for the rest of their lives.*

FACTS:

- While medicine is one piece of treatment puzzle, it is not the only piece.
- Long-term treatment may be required for many, but individuals who learn to apply treatment techniques may not need medicine for the rest of their lives.

MISCONCEPTIONS CONT'D

MYTH: *It is impossible to relate to symptoms of psychosis if you have not experienced them yourself.*

FACTS:

- Many experiences of psychosis exist on continuum with “normal” experiences
- Example
 - Paranoia = feeling suspicious
 - Voices = intrusive thought or feeling

MISCONCEPTIONS CONT'D

MYTH: *People with schizophrenia are dangerous.*

FACTS:

- Delusional thoughts and hallucinations *can* lead to violent behavior in rare instances
- The vast majority of people with schizophrenia are neither violent nor dangerous to others

WAYS TO THINK ABOUT SCHIZOPHRENIA

How we think about schizophrenia affects what we do

Different models for thinking about schizophrenia

Stigma

Biological

Recovery

STIGMA

Beliefs about the illness:

- Never able to get better
- Always deteriorating
- Nothing really helps
- Person may be violent
- They should be locked away
- They are dangerous

Stigma View



IMPACT OF STIGMA

Actions that may follow from the stigma view:

- Exclusion
- Discrimination
- Avoidance
- Use of intrusive interventions:
Controlling or managing activities for the person with the illness; coercive measures (loss of freedom and self-direction)

STIGMA HELD BY MENTAL HEALTH PROVIDERS

A BRIEF REVIEW OF STUDIES SHOWS...

- Negative attitudes of mental health professionals toward people with psychosis (Alshahrani, 2018)
- A significant number of nurses and psychiatrists agreed people with schizophrenia should not get married or vote (Magliano, et al. 2004)
- That negative attitudes of clinicians included beliefs that people with psychosis have no ability to develop insight and are too ill to be able to benefit from CBT-p treatment (Lecomte, et al. 2018)
- Greater therapeutic alliance results in better treatment outcomes in early psychosis. Poor therapeutic alliance results in **detrimental** effects from treatment (Goldsmith, et al. 2015) early psychosis

(Sivec, et al. 2020)



Information Rights
and wrongs



ADA CONSIDERATIONS

- Disclosure leads to accommodation – disclosure can lead to discrimination
- Social distancing and stigmatization
- Many students must battle societal red-shirting

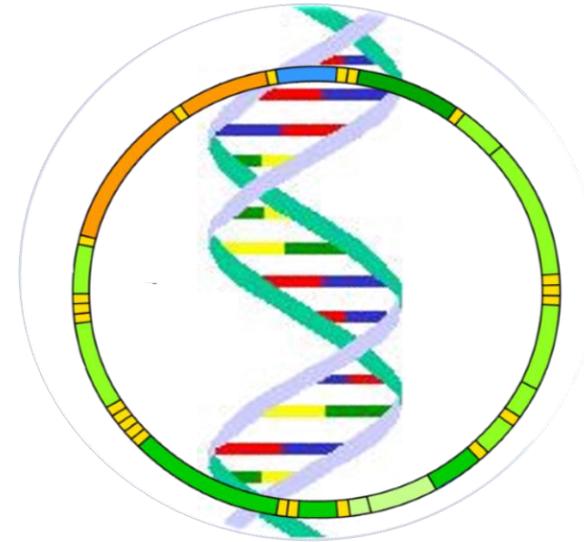


Timmerman and Mulvihill, 2015

BIOLOGICAL

Belief about illness and impact:

- Biological in nature
- Requires medical intervention
- Focus is on symptom management
- Doctors and medicine are paramount
- Can be more disease focused than person focused



Biological

RECOVERY

- Client is an ACTIVE agent in recovery process
- There are many causes of psychosis
- Psychosis is seen as a continuum
 - All of us experience odd things at some point
 - Psychosis is an extreme variant of common experiences
- Responsibility: Much like the addiction model – one is not responsible for having the disorder, but one is responsible for recovery – and communities are also responsible to help



Recovery

RECOVERY IS...

SAMHSA'S DEFINITION (2015)

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

ON TREATMENT: LOW INTENSITY TECHNIQUES THAT WORK

Think about using the “Adaptive Mode” when working with clients.

- First, talk about the client’s strengths– a hobby, sports, music, really anything that might be or have been an important part of this individual’s identity. Maybe they can teach it to you!

Use the START Model:

- **Socialize:** Take time to connect as you would with a friend
- **Target:** Write down and verbalize what the two of you decided to work on today
- **Action:** collaborate on how to get to the goal, then devise a plan together
- **Review:** Make sure that your client understands with what you have been discussing
- **Take-home work:** Practice makes perfect

COMPARISON OF CULTURES

Traditional

- Family and group orientation
- Extended family
- Status by age and position
- Relation with kin obligatory
- Arranged marriages
- Family decision making
- Doctor as authority
- Pride in family



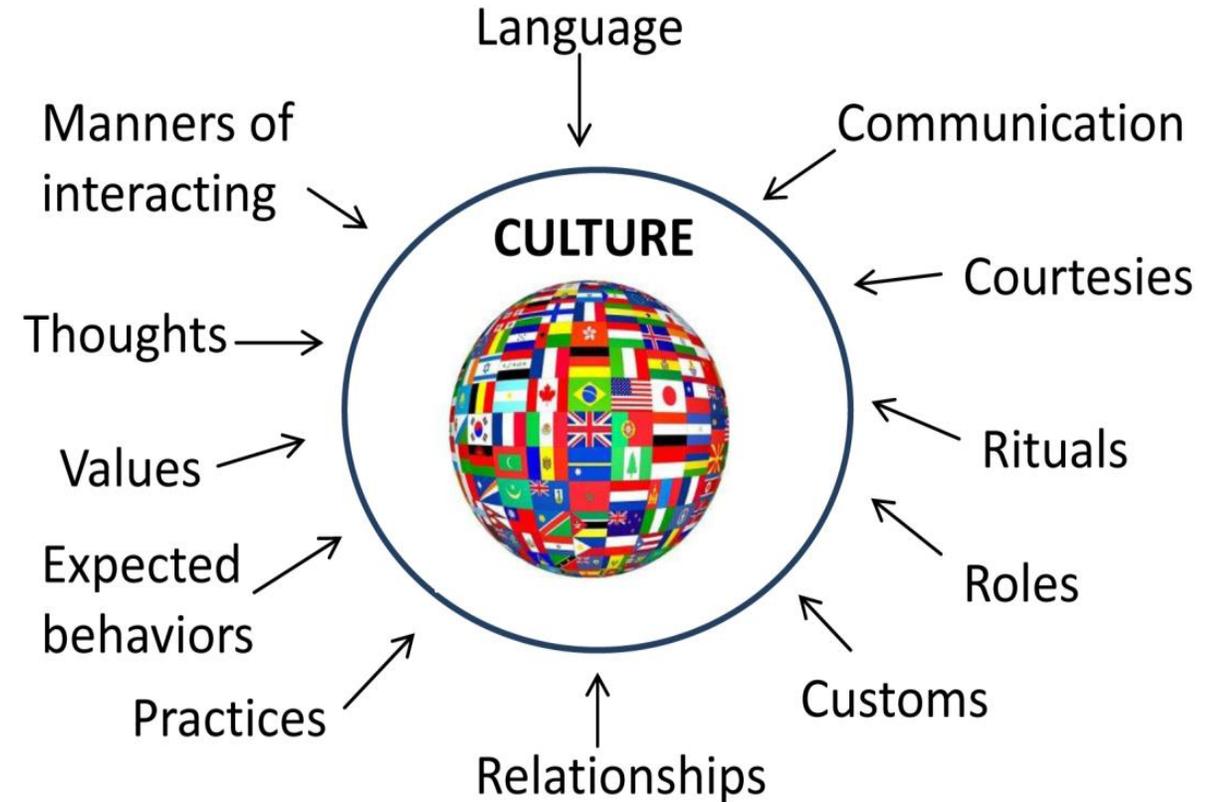
Western

- Individual orientation
- Nuclear family
- Status achieved by effort
- Family relationship by choice
- Choice of partner
- Individual autonomy
- Doctor as consultant
- Pride in self

Adapted from Rathod et al., 2015, *Cultural adaptations of CBT for Serious Mental Illness: A guide for training and Practice.*

CULTURAL HUMILITY

The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.



APA.org 2013

CULTURAL HUMILITY

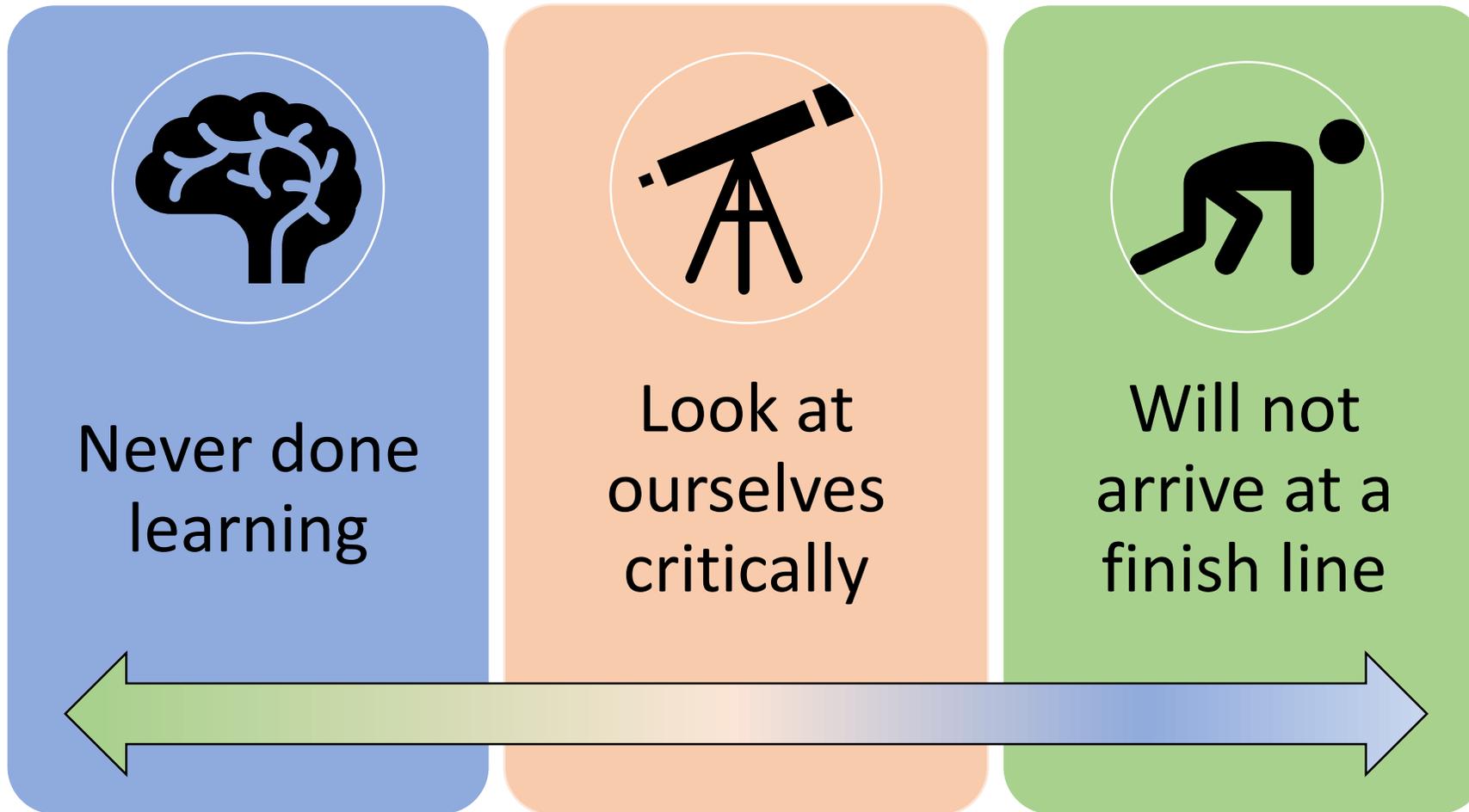
Three factors:

Lifelong commitment to self-evaluation and critique

Fix power imbalances

Develop partnerships with advocacy individuals and groups

LIEFELONG COMMITMENT



FIX POWER IMBALANCES



Individual is the expert of their own life experiences

Provider holds a body of knowledge

Collaboration and learning from each other

DEVELOP PARTNERSHIPS

- **Cultural humility is larger than the individual self**
- Community and groups can have a profound impact on systems
- Advocacy within the larger organizations that you work in



Advocacy & Humility

BUILDING A BRIDGE...



HikingArtist.com

ENVIRONMENT

CULTURAL HUMILITY

Respectful and
curious
engagement

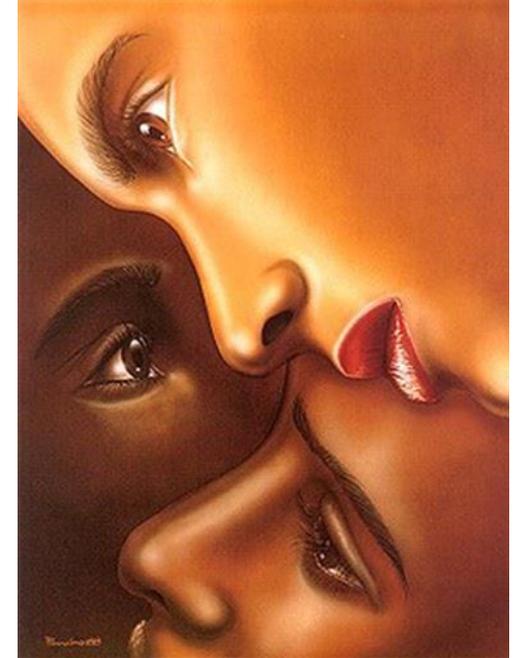
Minimal use of
diagnostic criteria

Goal setting
through a cultural
lens

RESPECTFUL AND CURIOUS ENGAGEMENT



- Open-ended questions and follow-up
- Willingness to learn from the individual
 - Learn their stories
 - Recognize how their understanding of psychosis fits into their experiences and expectations



**Ask what their experience is living in this current culture – but do your homework first.
Don't make your client be the teacher for all things in his/her culture**

MINIMAL USE OF DIAGNOSTIC CRITERIA

- **How does this work?**
- **Minimal is the key**
 - Open communication
 - Diagnostic interviews are imperfect but necessary at times
 - Do your own homework about culture
 - Be responsible for arousing your genuine curiosity
 - Unlock the potential for you and your client to connect though you each come from different cultures



GOAL SETTING

Examples

Focus on how the individual identifies their experience without the use of diagnostic label

Involvement of faith leader in the treatment process

Exploration of holistic interventions (yoga) and the benefits of medications

RECOVERY IN REVIEW



What is psychosis?



What are some of the signs of early psychosis?



What does psychosis look like?



**Different models of approach for psychosis: Stigma,
Biological, & Recovery**



Working on goals and treatment suggestions



The critical importance of Cultural Humility!

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68idea

The Activity Code will Expire on May 14th @ 1:00 pm

ADVANCED CIT TRAINING

This webinar is considered an Advanced Crisis Intervention Team (CIT) training opportunity. Certificates of completion can be requested by contacting Haley Farver at hfarver@neomed.edu with the CIT training code **CIT 2020**.

RESOURCES

- Campus Mental Health (<http://www.bazelon.org>)
- <http://www.bazelon.org/our-work/education/campus-mental-health/>
- Myths and Truths about the ADA (<https://www.aclu.org>)
- Tools for School: Accommodations for College Students with Mental Health Challenges (<https://www.umassmed.edu/TransitionsACR/>)
- DO-IT (Disabilities, Opportunities, Internetworking and technology) serves to increase the successful participation of students in challenging academic environments and careers (STEM). <https://www.uw.edu/doit/>
- <https://www.washington.edu/doit/academic-accommodations-students-psychiatric-disabilities>
-

RESOURCES CONTINUED

- NAMI-StigmaFree on Campus: <https://nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Community/StigmaFree-on-Campus>
- NAMI On Campus: <https://nami.org/Get-Involved/NAMI-on-Campus>
- NAMI Ohio: <https://namiohio.org/>
- Back to School: Toolkits to Support the Full Inclusion of Students with Early Psychosis in Higher Education: https://www.nasmhpd.org/sites/default/files/Toolkit-Back_to_School_Support_for_Full_Inclusion_of_Students_with_Early_Psychosis_in_Higher_Education.pdf

RESOURCES CONTINUED

- Strong365: <https://strong365.org/>
- Hearing voices network: <https://www.hearing-voices.org/>
- ACT for psychosis: <https://contextualscience.org/>
- Open Minded Online:
<https://openmindedonline.com/portfolio/engaging-with-voices-videos/>
- Equity in Mental Health Framework Toolkit: <https://equityinmentalhealth.org/toolkit/>

RESOURCES CONTINUED

- CJ CCoE website: <https://www.neomed.edu/cjccoe/>
- BeST Center website: <https://www.neomed.edu/bestcenter/>
- CIT International website: <https://www.citinternational.org/>
- SAMHSA GAINS Center website: <https://www.samhsa.gov/gains-center>
- First Episode Psychosis: Consideration for the Criminal Justice System:
https://www.nasmhpd.org/sites/default/files/DH-First-Episode-Psychosis-Considerations-Criminal-Justice-rev3_0.pdf

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