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Start the Conversation: The "When," "How," and "Then What?" Strategies to Approach Youth Experiencing Early Signs of Psychosis

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Learning Objectives

After this presentation, participants will be able to:

1. Identify early signs of psychosis among youth and young adults
2. Use conversational tools to engage youth and families in conversation about mental health
3. Identify resources available in Orange County for youth experiencing early signs of psychosis

Outline

- Brief overview of psychosis in youth
- What to look for
- How to start the conversation
- What to do next
- Vignettes & role play
- Resources



The Smith Family



In your role, what services or supports could you offer Jane or connect her with?

The Smith Family



Connect and wrap her & family with care
Do so as early as possible

What is psychosis?

- A severe mental disorder in which contact with reality is lost or distorted
 - Characterized by disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what isn't. -NAMI
 - Schizophrenia is the most prominent psychotic disorder
-
- ★ Approximately 1% prevalence worldwide
 - ★ Exists on a continuum of distress and impairment
 - ★ Heavy impacts (individual, family, and society)
 - ★ Recovery, growth, meaning

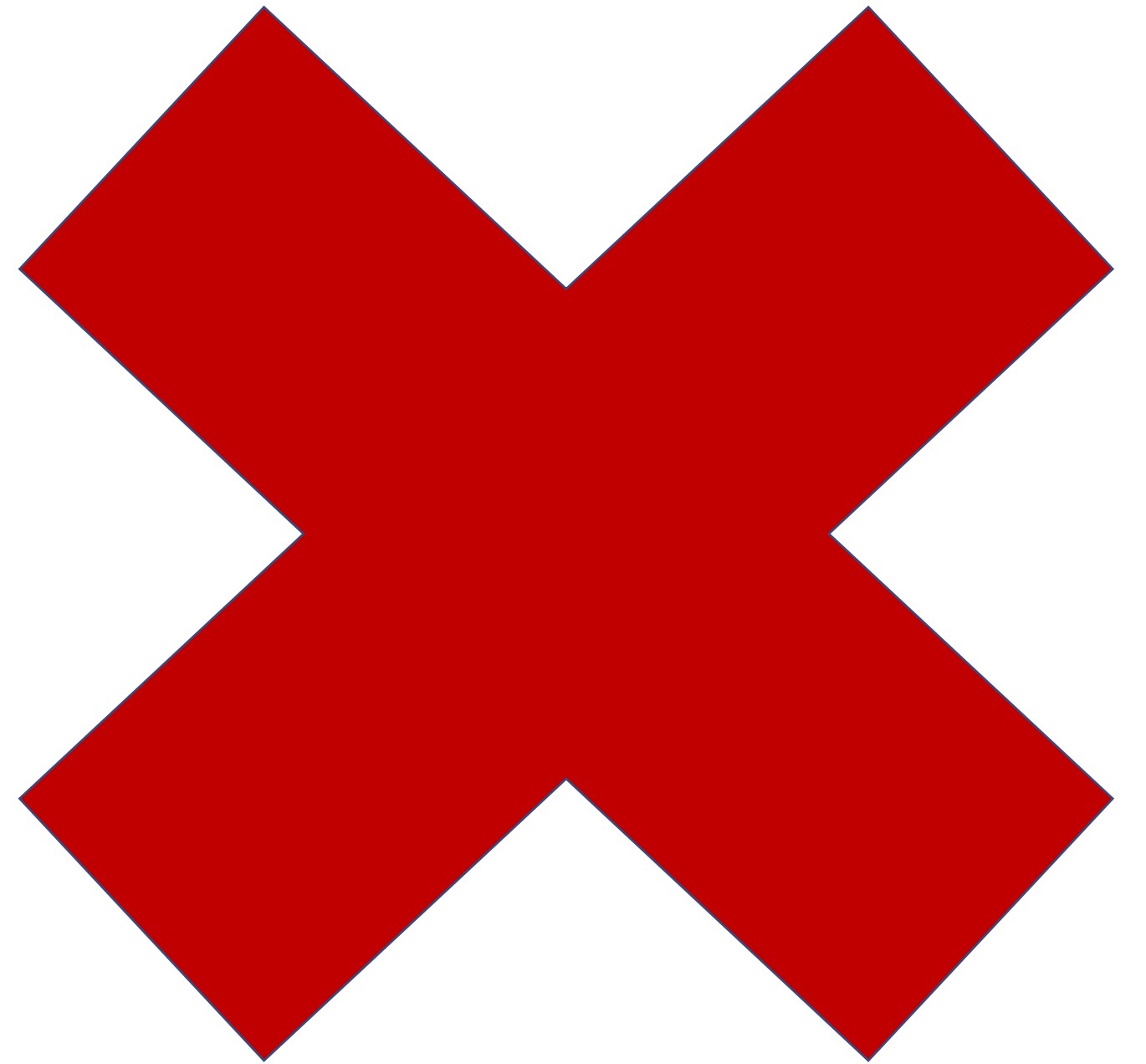
A Word about “person-first language”

- A “person with schizophrenia”
 - As compared to a “schizophrenic”
- A “person experiencing psychosis or a psychotic episode”
 - As compared to a “psychotic person”



Myths about Psychosis and Schizophrenia

- Multiple Personality Disorder
- Violent
- Without housing
- Can't hold a job
- Caused by poor parenting



Who experiences psychosis symptoms?

- Onset generally occurs between the ages of 15-25¹
 - Onset may begin in adolescence and continue into young adulthood



¹Schultz, North, & Shields, 2007

When to pay attention?

Adolescence

- ~70% of people who develop psychosis as adults report they had schizophrenia-like symptoms in adolescence
- For those who develop psychosis, adolescence and young adulthood are critical periods
- Transition age is a time of:
 - Transforming parent-child relations & roles
 - Possible increased conflict
 - Increased importance of peer relationships

Symptoms of Schizophrenia and Psychosis

1

Positive symptoms (Behavioral excess)



- Hallucinations
- Delusions
- Severely disorganized thinking/speech
- Disorganized/bizarre behavior

2

Negative symptoms (Behavioral deficits)



- Flat emotions
- Lack of motivation
- Loss of pleasure
- Reduced speech
- Lack of interest in socializing

Risk Factors for Psychosis

Nature & Nurture

Nature

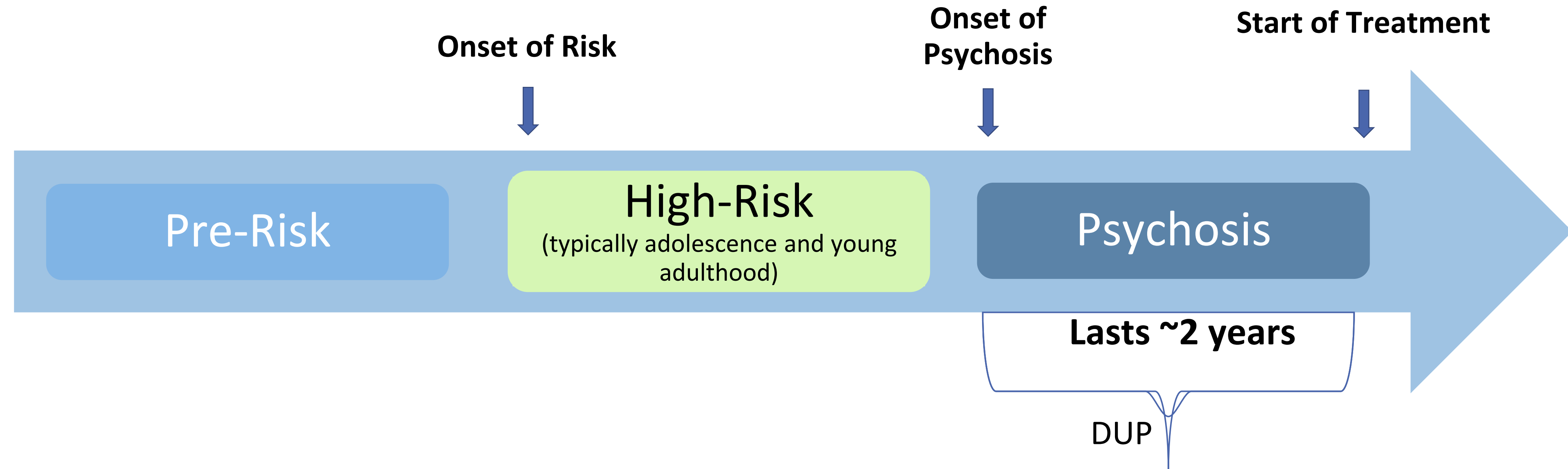
- Complex genetic involvement
- Multiple susceptibility genes interacting with multiple environmental factors



Nurture

- Trauma/stress
- Substance use
- Environment
- Upbringing

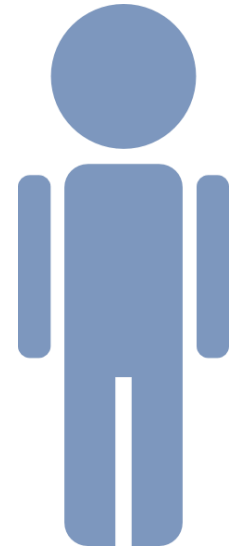
Duration of Untreated Psychosis



Longer Duration of Untreated Psychosis is Bad

- Worse long term outcomes
- More intensive services
- More negative symptoms
- More social impairment
- More occupational impairment
- More neuropsych deficits
- More psychological distress
- Likely increased costs/burdens to the system

Provider & System Considerations



Public MH systems often split
around time of risk

Youth-focused MH staff
tend to be under-trained in
schizophrenia related
disorders



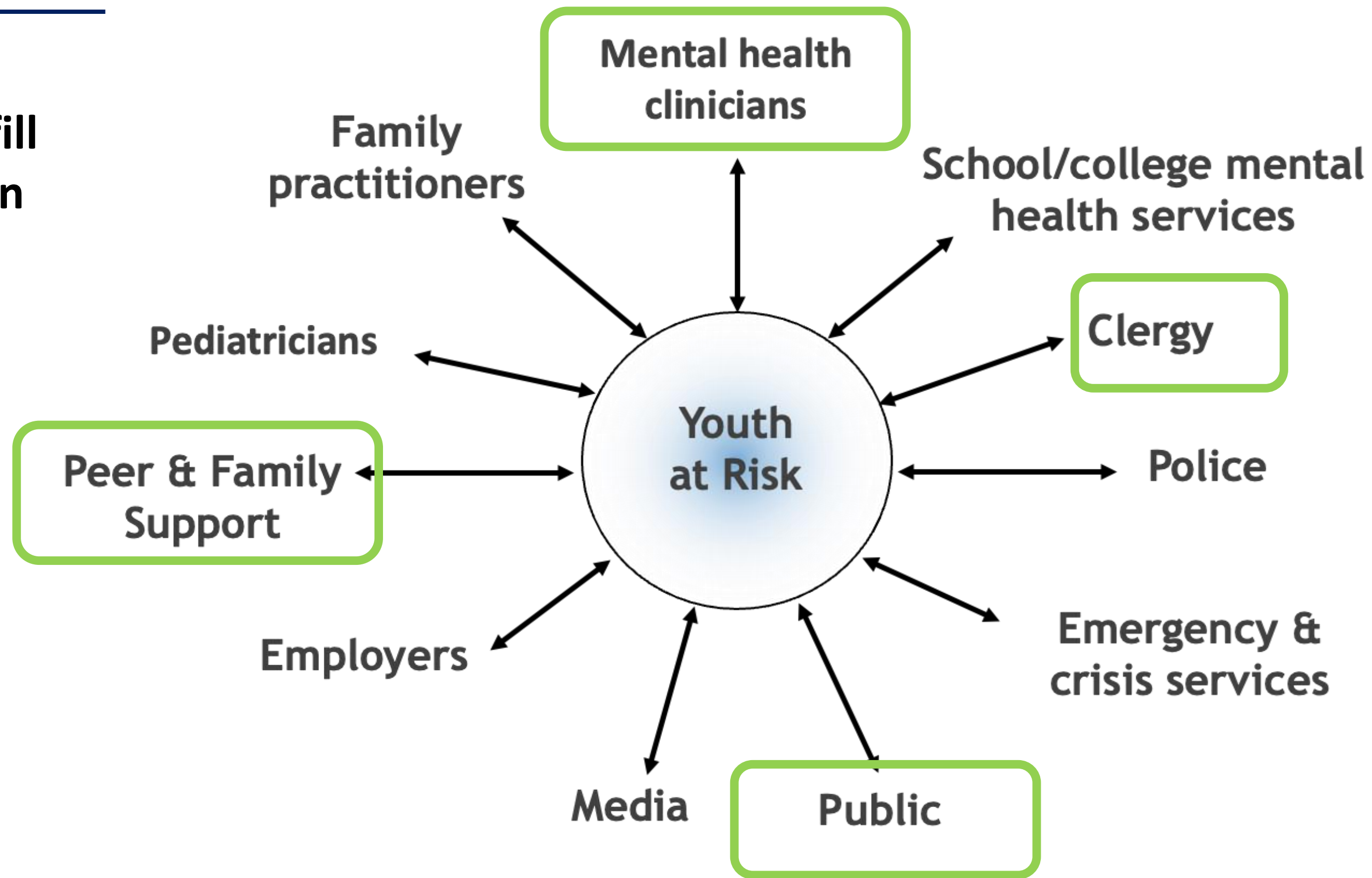
Adult-focused MH staff
tend to be under-trained in
working with families &
youth



These factors could lead to longer
Duration of Untreated Psychosis

Partners in Early Identification

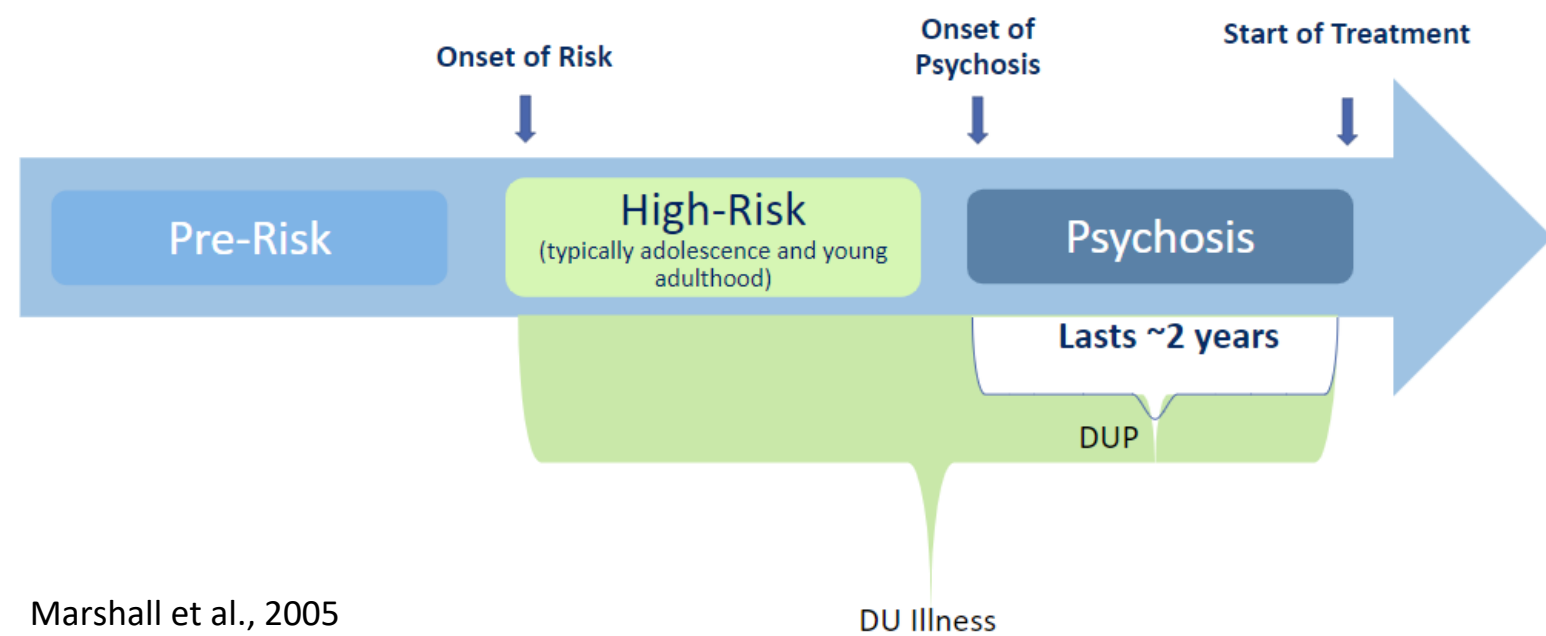
Who can help fill
in these gaps in
care?



How can you be a part of the solution?

- Power of community care and education
 - Familiarity with the psychosis spectrum increases confidence and screening
 - Reducing stigma
 - Earlier intervention
 - Knowledge of resources available in OC area

Duration of Untreated Psychosis



What happens without early intervention?

- Obstacles to enter system
 - Lack of motivation, Insurance
- Bad first experience with treatment
 - Police, High dose meds
- Miscommunication to families
 - Discouraging, Not fostering hope
- High level of discontinuity across treatment settings
 - Inconsistent care between hospital and step-down



What happens **WITH** early intervention?

- ✓ We can identify those at risk for psychosis
- ✓ Better overall prognosis
- ✓ Decrease in suicidal ideation
- ✓ Decrease involuntary hospitalization
- ✓ Increased functioning

Early Identification of Psychosis

- In order to intervene, need to identify
- Early identification possible
 - Early warning signs before serious illnesses develop

How do we recognize early warning signs of psychosis?

Behaviors

- Ongoing social difficulties
- Unusual behavior/appearance
- Deterioration in functioning
- Decrease in work performance/activity level
- **Withdrawal from friends or family**
- **Poor personal hygiene**
- **Odd behavior**

Thoughts/Perception

- Jumbled thoughts and confusion
- Poor concentration
- Spacing out
- Hypervigilance
- Feeling “something’s not quite right”
- **Suspiciousness or mistrust of others**
- **Experiencing changes in the way things look or sound**
- **Odd thinking**

Emotions

- Declining interest in people, activities, and self-care
- Sadness/tearfulness
- Excessive anxiety
- Becoming neglectful and unfeeling
- **Emotional outbursts or lack of emotion**

Caution: These are still non-specific without context

Early Identification of Psychosis

In addition to these experiences, it is important to take note of:

- Recency of changes
- Full picture of experiences
- Distress level
- Interference with functioning

Psychosis-Risk Symptoms

Symptoms of risk map on to hallmark characteristics of psychosis:

High-Risk

(typically adolescence and young adulthood)

- perceptual abnormalities
- unusual thought content
- suspiciousness or persecutory ideas
- disorganized communication

Psychosis

- hallucinations
- delusions
- paranoia
- disorganized thinking

Perceptual Abnormalities

- Changes in the way things look or sound
 - *“About once a week I see things around me speed up, as if a movie is fast-forwarding before my eyes.”*
- Hearing your own thoughts as if they are being spoken outside of your head
 - *“Sometimes when I’m home alone or when it is very quiet, I feel like I can almost hear my own thoughts out loud.”*
- Seeing a ghost-like figure or unusual shadows/flashes/creatures

- **perceptual abnormalities**
- unusual thought content
- suspiciousness or persecutory ideas
- disorganized communication

- **hallucinations**
- delusions
- paranoia
- disorganized thinking

Changes in the Way Things Look or Sound (Examples)

Wind rushing by ears

“In high school, I was running from one class to another because I was late and I heard wind rushing by my ears. Sometimes it felt like the wind was trying to talk to me. Stupid, doesn’t make sense, but I hear it.”

Hearing name called

“When I’m in the hallway to the cafeteria, I hear people calling my name. I look around and do what I call a ‘reality check.’ It doesn’t seem like anyone is doing it, but it seems real. It never really went away, so now I don’t go to cafeteria.”

Colors are different

“Sometimes, when I walk to class, all the colors around me will seem brighter and more intense. I think it might be someone or something trying to send me a message to pay attention because other people don’t notice. It gives me a headache sometimes.”

Unusual Thoughts

- Confusion about reality
 - *"Sometimes I wonder if I'm really me." "I have déjà vu a lot and I can't explain it."*
 - *"I had a dream that I was in a car accident. Then my head hurt, causing me to wonder if the accident might have been real. For days after, I could not shake the feeling that I might have a concussion."*
- Familiar feels strange, confusing or ominous
 - *"I grew up going to my grandmother's house once a week, but recently, when I go there, it feels different and strange, like it's somehow a fake version of grandmother's home."*
- Magical thinking and mind tricks
 - *"If I don't brush my teeth for a full 3 minutes, something bad will happen to my parents."*

- perceptual abnormalities
- **unusual thought content**
- suspiciousness or persecutory ideas
- disorganized communication

- hallucinations
- **delusions**
- paranoia
- disorganized thinking

Suspiciousness / Persecutory Ideas

- Persecutory ideas
 - *“Sometimes I feel like everyone at work is playing a joke on me and knows something I don’t.”*
- Notions that people are hostile
 - *“Everyone in my class is trying to get me in trouble, and I don’t know why.”*
- Mistrustful and suspicious of others
- Thoughts of being watched

Tip! Helpful to ask if suspiciousness generalizes to other situations

Tip! Context and environment matters

- *Does that happen outside of work/school, too?*
- *Does that happen with people or places that used to feel safe to you?*
- *Do other people in your (family, community, class, etc.) feel similarly?*

- perceptual abnormalities
- unusual thought content
- **suspiciousness or persecutory ideas**
- disorganized communication

- hallucinations
- delusions
- **paranoia**
- disorganized thinking

Other Possible Warning Signs

- Changes in speech (confused, racing, slowed, going off track, difficulty directing speech toward a goal)
- Lack of interest or enjoyment in social interactions (more than shyness or social anxiety)
- Low drive, energy, motivation, difficulty initiating or persisting in tasks
- Lacking emotion or flow in conversation
- Can't grasp the “gist” of conversations



Other Possible Warning Signs

- Strange or inappropriate affect, odd or bizarre behavior or appearance
- Fantastical or bizarre ideas, absurd or illogical thinking
- Poor concentration, distraction by things external or internal
- Poor hygiene, loss of interest in keeping clean
- Change in motor coordination or clumsiness
- Difficulty performing activities that were performed without problems in the past
- Increasingly affected by experiences that were easily handled in the past



Talking about Sensitive Topics

What are some approaches you use when talking to a friend about something sensitive?



Communicating & Relating

- Be yourself
- Learn about the symptoms of psychosis to build understanding
- Offer validation
 - Validate how their symptoms affect them- not the symptoms themselves
 - *“I can tell that this is really upsetting and confusing for you”*
- Prioritize creating a safe, comforting environment
 - Do not challenge thoughts, listen and understand them
- Lead with patience and empathy
- Allow for your own emotional responses
 - Mental health care can help cope with stress

Let's Practice!

Chris is a 16-year old high school student who spends a lot of time on his phone. He shared that he recently started getting the feeling that someone is monitoring his cell phone activity. He feels like he is getting messages through the internet that are meant for him specifically, and he has the growing suspicion that someone is able to read his texts and access his phone camera. These thoughts are beginning to make him feel anxious and more alert.

How would you respond...?

Possible Questions That Could Help You Learn

- Has that been bothering you?
- How long has that been going on?
 - Has that experience changed recently?
 - Has it become more frequent, or more bothersome?
- Has anything happened that would explain why someone would be doing this?
- Has that stopped you or gotten in the way of you doing anything you normally do?
- Have you talked about these experiences with anyone else?
 - Does anyone else you're close with share that experience?
- Why do you think that might be happening? What does it mean to you?

Clinical Exercises: Vignettes

How would you respond?

- How would you validate the experiences of the person in the vignette?
- What might you ask to learn more about how these experiences affect the person in the vignette?
- How would you make them feel more comfortable sharing?

Unusual Thought Content

Candace reports a new and very intense interest in New Age philosophies over the past few months that has really consumed her. Since opening her mind to this way of thinking, she has noticed increasingly more coincidences/signs...She frequently sees her lucky number eight and takes this to be a sign that she is on the right path, moving in the right direction. Often times, she will change her schedule and follow where the number 8 seems to be taking her. She also reports that over the past six months when she is meditating she will sometimes sense a “presence”, which she thinks could be her spirit guide, although she wonders about this, as the presence can feel dark. Although these things have been on her mind a lot, she told you she’s just not sure what’s going on and that it might all be in her head.

Unusual Thoughts - how would you respond?

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- How would you validate Candace?
- What might you ask to learn more about how Candace’s thoughts affect her?
- What questions about Candace’s religious/spiritual beliefs would you ask to get more context?

Suspiciousness

Joseph often feels that strangers think negatively of him and he is generally mistrustful. He describes being vigilant in public and worries about potential harm. He's not completely convinced, but he sometimes suspects that he is being targeted. He reports feeling like he is being watched, but he is not sure who would do this or why they would single him out. Although he says he's always been a little mistrustful, Joseph noted that his feelings of being targeted have gotten worse over the past 5 months.

Suspiciousness - how would you respond?

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- How would you validate Joseph's experience?
- What would you say to help Joseph feel comfortable to share more with you?
- How might Joseph's surroundings or history impact his experiences?

Suspiciousness - Sociocultural and Contextual Factors

- “Healthy Contextual Mistrust”
 - Certain “risk” factors may be realistic responses
- Assess the social and cultural environment
 - Neighborhood safety - Is suspiciousness pathological or normative?
 - Cultural/Religious Norms
 - Belief in superstitions
 - Talking to higher spirits
 - Family Support and Beliefs
 - Who lives at home?
 - How often does family get together?
- Be sensitive to the possibility of discrimination, social deprivation, and trauma
- Understand your own biases

Perceptual Abnormalities

Gina reported that beginning three months ago she began to see wispy figures out of the corner of her eye, but when she would turn to look nothing would be there. She also reported that occasionally she sees someone sitting in the rocking chair in her room, and at the time it is happening the person appears very real to her. She additionally reported hearing sounds that no one else can hear like the door slamming or muffled conversations. She'll often look to see if someone could be making the sounds, but no one is ever around when she does. She reports that these incidents are distressing to her and do frighten her. She will often keep the light on to help with her fears.

Perceptual Abnormalities - how would you respond?

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- How would you validate Gina?
- What might you ask to learn more about why Gina thinks this is happening?
- What else might you want to learn about Gina's experience?

Examples in Context

Michael

Michael is a 16-year-old cisgender African American male who attends a public high school in an urban, low-income, predominantly Black neighborhood. Michael was referred to you by his teacher. Michael's grades have been lower than normal in the past year, and his teacher noted that he has become more withdrawn in class. When you meet with Michael, he shares that he has been feeling isolated from other classmates recently, wondering if they are talking about him behind his back or are out to get him somehow. You wonder if maybe he might be showing early signs of psychosis and administer a psychosis risk assessment. When prompted about the level of distress and interference related to his feelings about his classmates, Michael shared that it makes it hard to talk in class, participate in group projects, and he skips classes on occasion. He also shared that he thinks he has been hearing the voice of his grandmother the past few months after her passing, but he's not sure that's even possible. He stated that he was initially scared but has found it comforting, given that he was very close to her.

Michael - What are Michael's psychosis-related experiences and what more would you want to know?

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Some Assessment Ideas - Michael

- When did he start feeling isolated from his classmates?
- How often is he feeling isolated from others/hearing his grandmother's voice?
- How bothersome are these experiences?



Michael - What contextual and/or cultural factors would you consider?

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Contextual Considerations - Michael

- Sensitivity to possible impact of discrimination and/or marginalization
- MH “literacy” and stigma in his community
- Possible mistrust of MH professionals
- Skepticism regarding psychosis screening
- Suspiciousness or contextual mistrust
- Cultural Formulation Interview
- Trauma



Cultural Formulation Interview (CFI) <small>Supplementary modules used to expand on CFI subtopic are noted in parentheses.</small>	
GUIDE TO INTERVIEWER	INSTRUCTIONS TO THE INDIVIDUAL
Use the following questions to identify key aspects of the presenting clinical problem from the point of view of the individual and other members of the individual's social network (e.g., family, friends, or other mental health professionals). The individual's problem is a complex of many factors, including biological, psychological, and social factors. The individual's problem is a complex of many factors, including biological, psychological, and social factors.	Would like to understand the individual's problem from their perspective. I will ask you questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.
CULTURAL DEFINITION OF THE PROBLEM	
(Explanatory Model: Level of Functioning) What is a disturbance or problem as you see it? From what is the individual's way of understanding the problem? Over the last 6 months, to what extent have you been in question? (I will help the individual understand the question by asking you to describe the problem.)	1. What does your problem look like? IN YOUR OWN WORDS, WHAT IS YOUR PROBLEM? SYMPTOMS OR A FEELING OF PROBLEM? People often are confused by their problems and may not be able to describe their problems as they see them. How would you describe your problem to them?
What is the individual's view of the problem for members of their social network?	2. How do you see the problem for members of their social network? How do you see the problem for members of their social network?
Focus on the aspects of the problem that matter most to the individual.	3. What troubles you most about your problem?
CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT	
(Explanatory Model: Social Network: Order of Address) What question do you have about the problem for the individual, and how may it be relevant for clinical care? What do you think may be the cause of the problem? (I will help the individual understand the question by asking you to describe the problem.)	4. Why do you think this is happening to you? What do you think are the causes of your PROBLEM?
Focus on the aspects of the problem that matter most to the individual.	5. What do you think are the causes of the problem? (I will help the individual understand the question by asking you to describe the problem.)

Michael - Brainstorm ways to connect with Michael's family and generate ideas for treatment

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Engaging Family & Treatment Ideas - Michael

- Talk to Michael's family
- Engage, build rapport, earn trust
- Focus on Michael's and his family's priorities
 - Grades and school performance
 - Friends
 - Suspiciousness
 - Learn more about the voice of his grandmother



John

John is a 20 year old single man who was working full time as a front desk clerk for a hotel until 4 months ago, when he started showing increasing signs of psychosis. He had never been a very outgoing person, but he had been able to interact very appropriately with hotel guests until recently. His job involved greeting and checking in guests and fielding customer service complaints. He sometimes had difficulty dealing with guest complaints, especially when the guest was angry.

About 4 months ago, John became more sensitive about customer complaints at the hotel and sometimes felt that the customers were blaming him for problems they were having with their rooms. John increasingly felt that customers were being unreasonable in their complaints. He started trying to avoid those customers who he thought were troublemakers. This caused additional trouble when these customers complained to his supervisor.

John started believing that some hotel customers were deliberately trying to trick him into making mistakes on their hotel bills, which they would then blame on him and ask him to correct. He wasn't 100% convinced of this, but he felt pretty sure, and he reported that it was only getting worse. John mentioned hearing an accusatory voice talking to him while he worked at the hotel once recently, but it was fleeting. He wasn't sure what to make of the voice, but it and the fact that he was struggling at work encouraged him to reach out for help.

John was referred to your agency for screening. He still thinks that customers at the hotel are the main cause of his problems, but also recognizes that he's been struggling. John has been given antipsychotics, but he is ambivalent about them. He would just like to put the whole period behind him and get back to work as soon as possible.

Breakout!

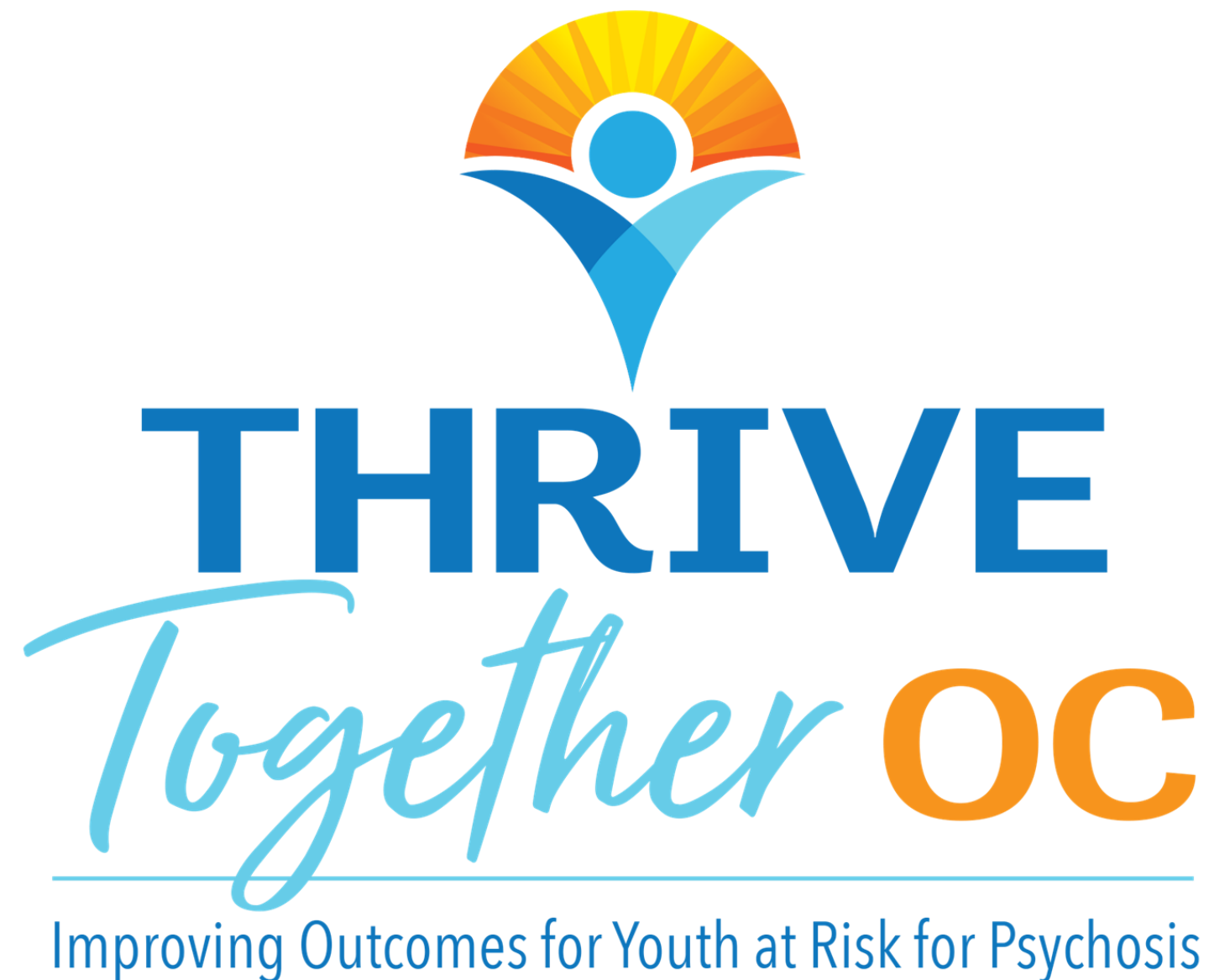
Consider:

- What are their psychosis-related experiences and what more would you want to know?
- What contextual and/or cultural factors would you consider?
- How might their community (e.g., family, peers) play a role in intervention?
- What resources may be useful for both the youth and their support systems?

Support for Families

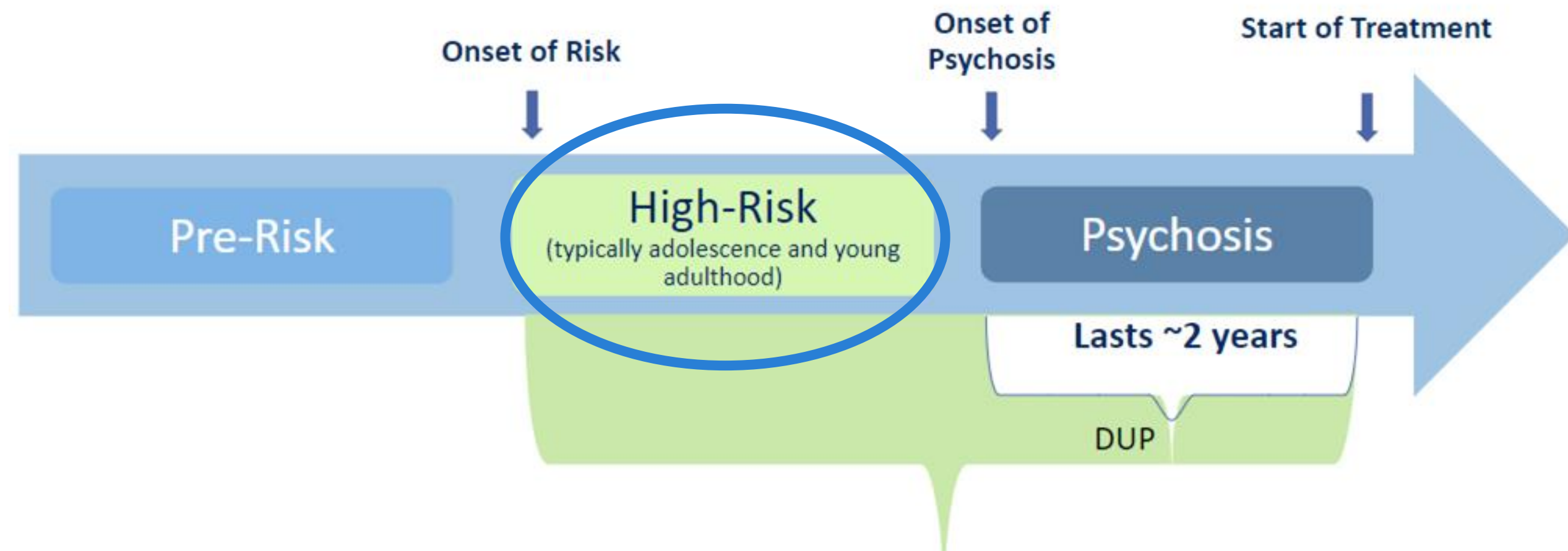
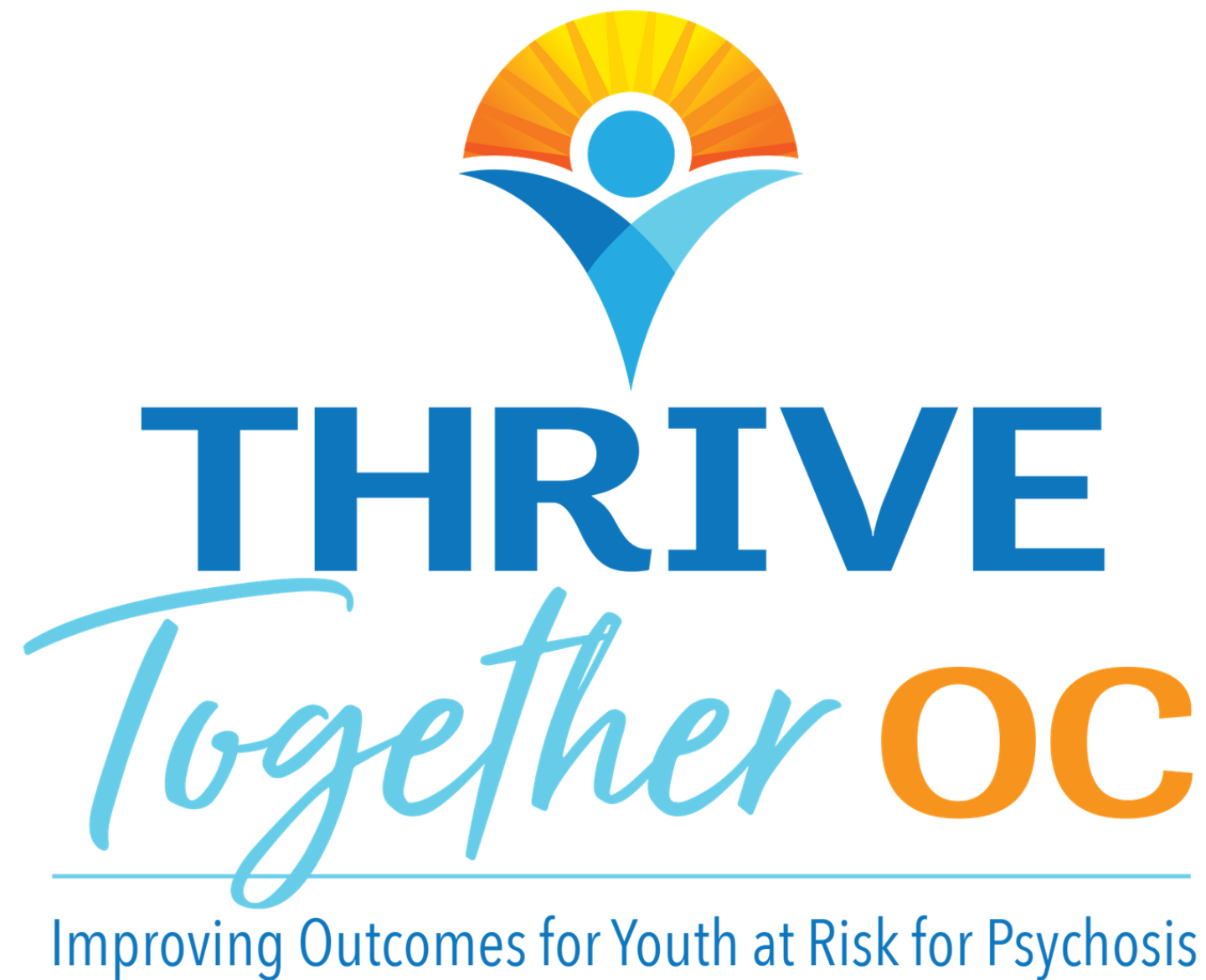
- Respite
- Support Group (NAMI)
- Therapy
- Psychoeducation
- Financial Support/Practical Assistance
- Advocacy
- Commitment to excellent communication

Thrive Together OC



- **Thrive Together OC** strives to build resilience and improve outcomes for youth at risk for psychosis through family focused, evidence-supported, compassionate, and inclusive services. This is accomplished by:
 - Screening and assessing youth and young adults,
 - Consulting with individuals, families, providers, and affiliated professionals,
 - Educating the community to facilitate early identification and effective care, and
 - Promptly linking individuals and families to available resources and services.

Program Criteria



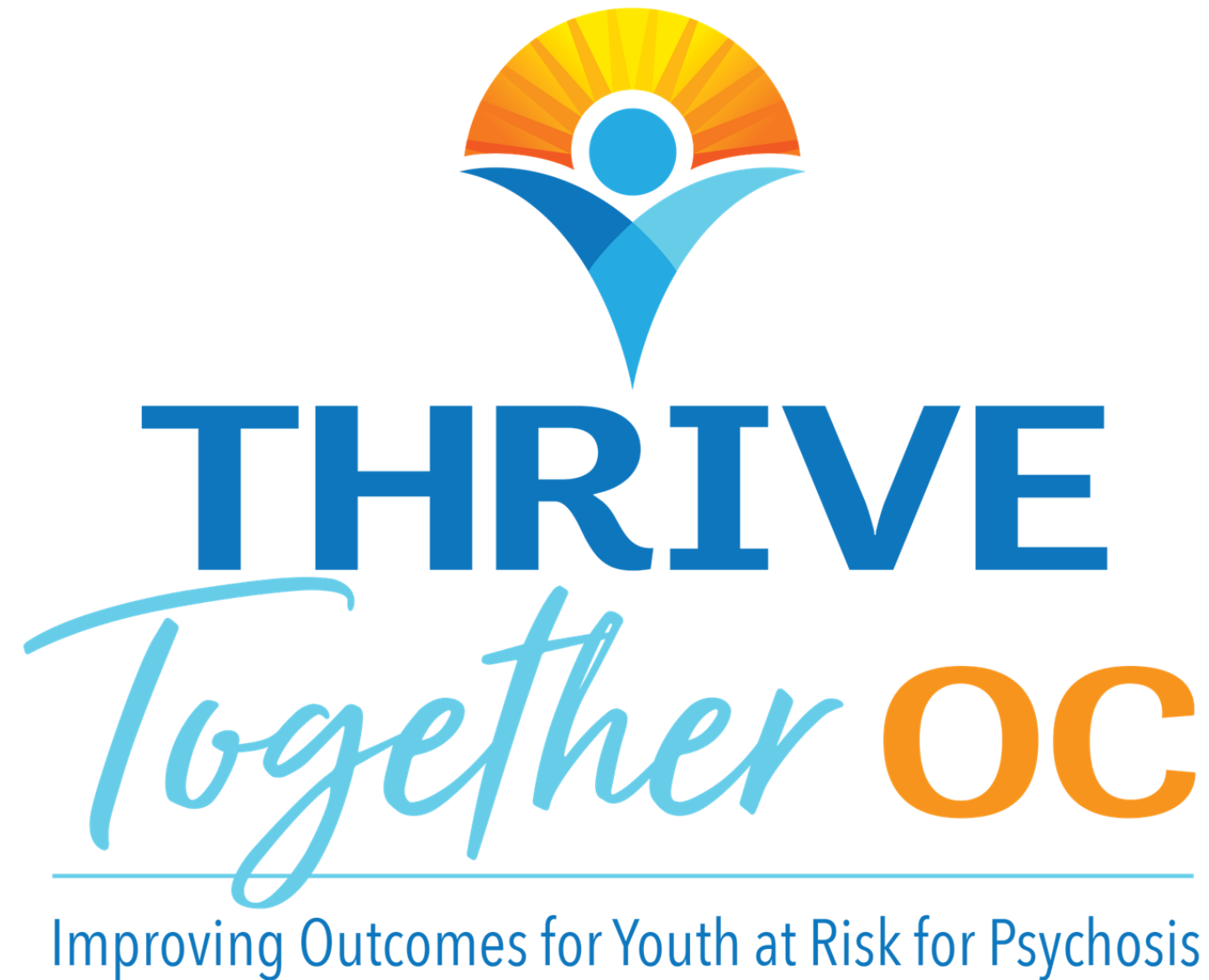
For Screening & Assessments

- Orange County Residents
- Ages 12-25 years old
- Suspected Risk for Psychosis

For Consultation & Training

- Professionals working in Orange County

Contact Information



657-452-6811



www.thrivetogetheroc.org



info@thrivetogetheroc.org

- General information

trainings@thrivetogetheroc.org

- Training requests

services@thrivetogetheroc.org

- Consultation
- Screening & Assessment

Screening & Assessment

Ask 2 Questions:

- (1) Do you ever hear the voice of someone talking that other people can't hear?
- (2) Have you ever felt that someone was playing with your mind?

1

Use the TTOC Primary Screener

- *Link available on Instagram & TTOC website*
- *Schedule Appointment with TTOC Assessors*

OR

2

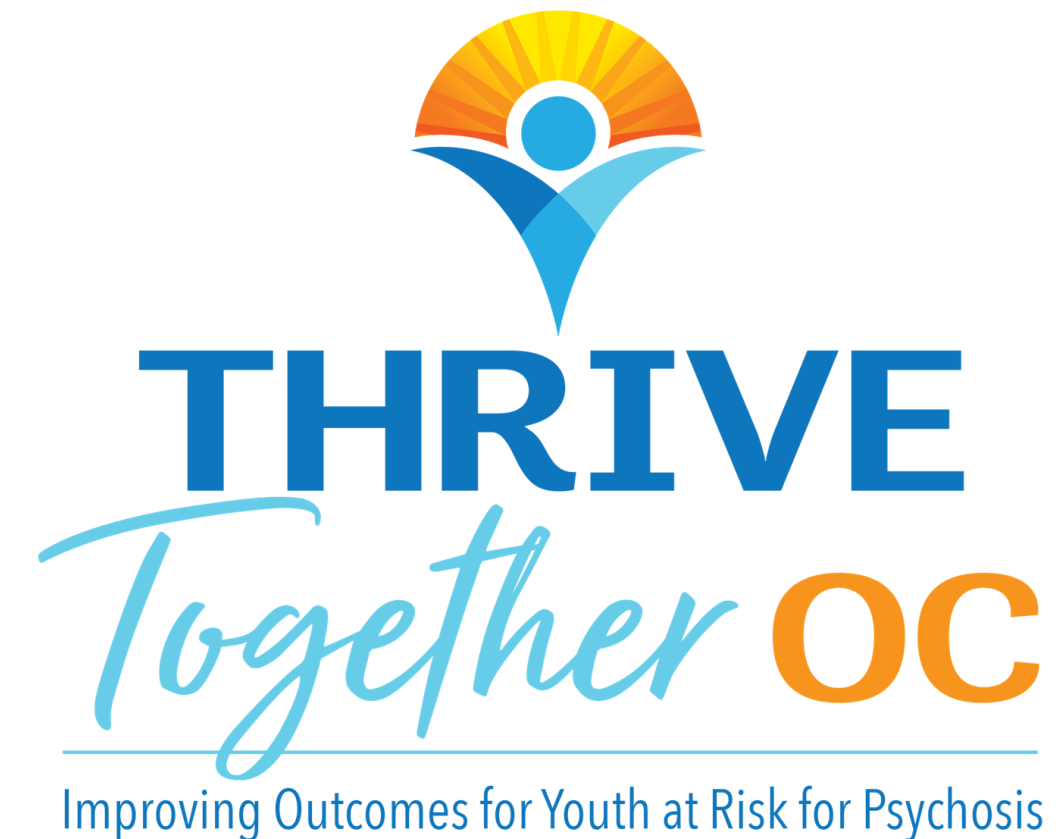
Call TTOC for a Consultation

- *Schedule Appointment with TTOC Assessors*

For Those that Benefit from a Full Assessment

- *SIPS Assessment Scheduled*
- *Individualized Report with Treatment Recommendations*

Scan to Access the Primary Screener



Resources

- **Local services:**

- Thrive Together OC (<https://thrivetogetheroc.org/>)
- OC CREW
- [NAMI OC Family & Peer Support Groups \(English & Spanish\)](#)

- **Online resources:**

- [Mental Health America](#)
- [National Institutes of Mental Health](#)

- **Books:**

- [I Am Not Sick, I Don't Need Help!](#)

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