



Strategies for Supporting a Young Person with Early Psychosis

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- Increase basic awareness and understanding of early psychosis
- Provide general guidelines for supporting someone with early psychosis
- Demonstration of various strategies for communicating with someone experiencing psychosis
- Discuss STEP Learning Collaborative (formerly CT Early Psychosis Learning Health Network)
- Opportunity for Q&A

Background on psychosis



What is psychosis?

Psychosis is a mental health condition that causes people to have trouble deciding **what's real and what's not real.**



Who experiences psychosis?

Psychosis can happen to **anyone**. It's more common than you might think, as 3 /100 people will experience psychosis. A '**first episode**' simply refers to the first time symptoms of psychosis appear, commonly between the **ages of 16-25**.



FOR EVERY **ONE PERSON** AFFECTED BY PSYCHOSIS, THERE ARE **6 MORE FAMILY AND FRIENDS** AFFECTED.

Common causes of psychosis

- Mental Illnesses (more common)
 - Schizophrenia spectrum
 - Affective psychosis (e.g., Bipolar Disorder, Depression with Psychotic features)
 - Others
- Secondary Causes (rare)
 - Parkinson's, epilepsy
- Substances (such as alcohol or drugs)



Common Signs and Symptoms

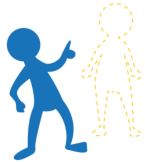
Positive - *add to* or *distort* an individual's normal functioning, perception or behavior

- Hallucinations, delusions, paranoia, bizarre behavior, disorganized communication...with **limited insight**



Delusions

Believing in things that are not true, and may be impossible



Hallucinations

Hearing, seeing, tasting, or smelling things that are not there

Negative - a *reduction* or *loss* in an individual's normal functioning, perception or behavior

- Decreased motivation, energy and speech, social withdrawal, flat affect, no enjoyment, poor hygiene, decline in functioning



Withdrawal

Distancing oneself from people or previously enjoyable activities

Cognitive

- Executive functioning decline, attention, working memory, learning, preoccupation, thought blocking, reduced abstraction ability



Increased Distractibility

Decline in cognitive abilities including memory and attention

Mood

- Fluctuations, anxiety, depression, suicidal ideation

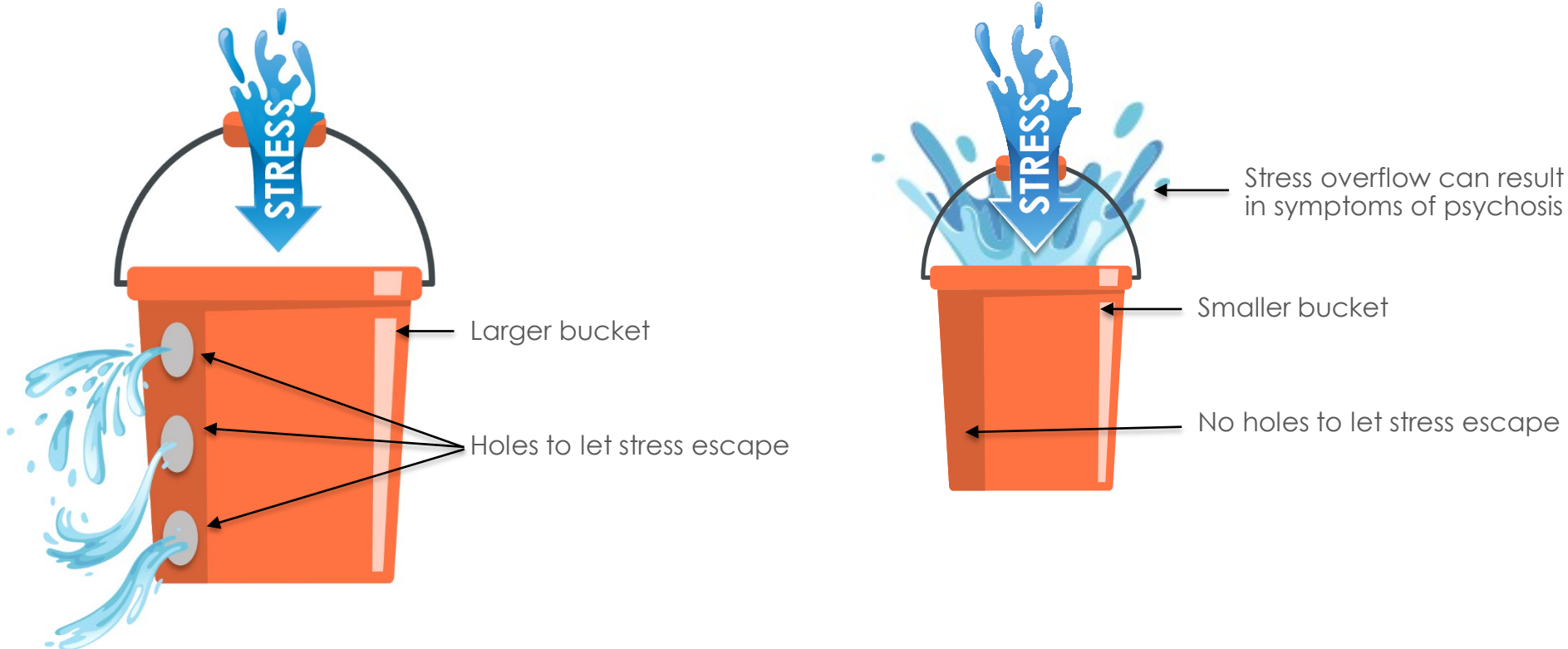
Developing a shared understanding of stress- vulnerability



Stress Bucket Analogy

What causes psychosis?

Often an interaction between vulnerability (genetics) and stress



Stress Bucket Analogy

Stressors (relationships, transitions, school/work, loss, drugs, finances, discrimination)

Size of your bucket/vulnerability
(genetics, birth complications early adverse experiences / trauma, early head injury)



What does it look like when your bucket overflows?
(symptoms, early warning signs)

Stress Relievers “Poking Holes” (coping skills, therapy, medications, sleep, nutrition, exercise, structure, social support)

The role of families



Family Impact on Recovery

- 85% of young people with psychosis live at home and/or rely on family for various forms of support – emotional, financial, social (Charles et al., 2020)

Families can positively impact recovery through:

- Better access to care
- Better outcomes in treatment
- Overall improvement in quality of life



General Strategies



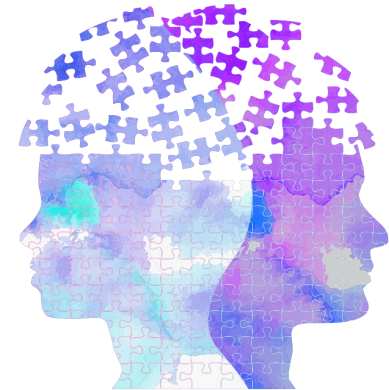
General strategies for supporting recovery

- Families can help their loved one...
 - Access and engage in treatment
 - Encourage medication decisions
 - Learn to recognize warning signs or symptoms
 - Learn to manage stress, encourage coping
 - Encourage healthy habits
 - Discourage substance use (cannabis!)
 - Decrease stress in the home
 - Keep or re-establish family routines
 - Celebrate progress
 - Hold onto hope!



What we know...

- People experiencing psychosis may be particularly sensitive to the following:
 - **Warmth, structure, support, space:** help them recover at their own pace
 - **Criticism:** negative comments and interactions can lead to increased symptoms
 - **Over-involvement:** intrusiveness or doing too much can overwhelm people
 - **Complex, unclear communication:** is hard to process and can worsen symptoms



Focusing on your relationship

- Can't do much from a position of conflict
- Think befriending skills...positive, supportive, companionship
- Highlight strengths, shared interests, talk about positive memories, pets, vacations, just moments of connection
- Develop shared goals *“we both agree we want you out of the hospital” “back in school/work”*



Engaging in Curious Questioning

- Be **curious**, non-judgmental
 - Ask open ended questions, show interest, don't make assumptions - ask
- **Active listening**, summarize and reflect what you have heard; am I getting that right?
 - Ask permission - *“Is it okay that I’m asking these questions?”*
 - If distressed, call a timeout, maybe come back later
- **Don't challenge or collude with psychosis** ...validate feelings, be empathetic
 - *“that sounds scary, unnerving”*
- **Be open to different explanations and experiences**
 - There can be multiple perspectives
- **Connect, normalize**, use of personal disclosure; *“I would be scared, too”*

Engaging in Curious Questioning

- **Asking curious questions about the experience of voices:**
 - “What’s that like for you?” “Tell me more...”
 - “Can I ask what it is you hear, I can’t hear the voices myself, I would love to understand?”
 - “What do they say? Friendly? Scary? Do they ever tell you to do anything?”
 - “Is it okay that I’m asking these questions? I just really want to understand what this experience is like for you?”
 - “How do you make sense of this, where do you think they come from?”

Examples of Validation

- Paying attention and listening is validating!
 - Just being present, eye contact (if comfortable), nodding
- **Feelings are always valid**, even if you don't agree with the content
 - *“It makes sense to feel that way” “I can see how you'd feel that way”*
- Try to imagine what it might feel like... (if you were convinced someone was following you, reading your mind, etc.)
 - *“that sounds really difficult” “that sounds really upsetting”*
- ...and attempt to reflect the underlying emotions that someone might be feeling
 - *“I imagine that might feel scary/overwhelming/hard to be having that experience” (of voices, suspicious thoughts, etc.)*

Strategies for common scenarios



Tips for communicating with someone experiencing psychosis

If someone is having difficulty concentrating, thinking, remembering:

- Keep your statements short
- Give one message at a time
- Don't give too many choices at once
- Utilize written reminders or other memory aids (calendars, sticky notes)
- Offer guiding questions, “what’s the first step?” “how would you begin?”

Tips for communicating with someone experiencing psychosis

If someone is expressing delusions and are 100% convinced:

- Don't argue, don't say "You're crazy," or "That's not happening"
- Accept this is their reality. Be true to yourself. You might say, "I can't see them but I know you can."

Role Play

Tips for communicating with someone experiencing psychosis

If someone is expressing delusions AND have previously been open to discussing them:

- You might gently remind them, “These thoughts come up sometimes” or “ You’ve learned not to give those thoughts too much attention.”
- They might check out their interpretations with someone they trust. You can ask respectfully, “How might that be/happen?”

Role Play

Tips for communicating with someone experiencing psychosis

- **If the person's behavior appears unmotivated or inactive**
 - Remember: folks with psychosis are often impacted by negative symptoms, depression, medication side effects
 - They are not “lazy”
 - Difficulty with anticipatory pleasure but not consummatory pleasure – may need a lot of probing and support from family/support to engage
 - Encourage pleasant events, simple activities (walk, music)
 - Encourage daily routine
 - Focus on and praise effort (not necessarily outcome!)

Role Play

Tips for communicating with someone experiencing psychosis

If the person's behavior is frightening you:

- Give the person space. Move gently to quieter, more open surroundings. Don't crowd or rush the person.
- Try to speak and act calmly. Ask what might help.
- Try to stay calm and communicate simply and clearly. If able, give clear direction "stop please"
- If there are warning signs of a relapse, reassure them that you are seeking help for them.
- Take threats seriously and get help by calling for support

Tips for communicating with someone experiencing psychosis

Phrases for navigating intense interactions:

- These thoughts/feelings/experiences are really intense; I'm wondering if we should try to focus on something else for a little bit?
- I feel like I'm making things worse/more difficult right now so I'm going to step away
- I'm noticing we are both really upset right now, let's come back to this later
- Seems like you've already made your mind up about what you're going to do.
- Agree to disagree
- I'm concerned about your safety, I'm going to get help

Tips for communicating with someone experiencing psychosis

If you feel you need support from first responders due to an acute safety issue, please make sure to do the following:

- When calling 911, it is helpful to say to the operator that your call is regarding a **mental health crisis and you require assistance**.
- If your family member/friend has a diagnosis, let the 911 operator know what it is.
- If appropriate, **request a mobile crisis team** to come to your home instead of police.
- When speaking with the 911 operator and/or police, provide as much information about your family member/friend's mental illness, prior contact with the law, and any concerns you have about the situation.
- Be prepared to repeat this information once police or other first responders arrive.
- If you must vacate the premises to call the police, stay close enough so you can identify yourself and speak with officers when they arrive.

Example

Resources



Resources for Families & Friends.

Learning that a family member or friend is experiencing psychosis can be frightening and overwhelming. Here is some information to help you informed and empowered to seek help.

Download our [“Tips for Communicating with Someone Experiencing Psychosis”](#) here

CTearlypsychosisnetwork.org

TIPS FOR COMMUNICATING WITH SOMEONE WHO IS EXPERIENCING PSYCHOSIS

When a person experiences an acute psychotic episode, it can be frightening, confusing, and distressing to both the individual and his or her family and friends. Here are some things you can do to make their experience easier.

1. If they are having difficulty concentrating:

- Keep your statements short
- Give one message at a time
- Don't give too many choices at once

2. If they are expressing delusions and are 100% convinced:

- Don't argue, don't say "You're crazy," or "That's not happening"
- Accept this is their reality. Be true to yourself. You might say, "I can't see [them](#) but I know you can."

3. If they are expressing delusions AND have previously been [open](#) to discussing them:

- You might gently remind them, "These thoughts come up sometimes" or "You've learned not to give those thoughts too much attention."
- They might check out their interpretations with someone they trust. You can ask respectfully, "How might that be/happen?"

4. If the person's behavior is frightening you:

- Give the person space. Move gently to quieter, more open surroundings. Don't crowd or rush the person.
- Try to speak and act calmly. Ask what might help.
- Try to stay calm and communicate simply and clearly.
- If there are warning signs of a relapse, reassure them that you are seeking help for them.

If you feel you need support from first responders due to an acute safety issue, please make sure to do the following:

- When calling 911, it is helpful to say to the operator that your call is regarding a mental health crisis and you require assistance. If your family member/friend has a diagnosis, let the 911 operator know what it is. Advocating for your family member/friend's treatment and care can help ensure that their illness is [taken into account](#) by the police and other first responders during their interactions with them.
- If appropriate, **request a mobile crisis team** to come to your home instead of police. When speaking with the 911 operator and/or police, provide as much information about your family member/friend's mental illness, prior contact with the law, and any concerns you have about the situation.
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Current Offerings

- [STEP Learning Collaborative](#) – workforce development and community education initiative to bolster provider capacity and community education to best serve folks with early psychosis across Connecticut
- **Community Education:**
 - Family and community workshops
 - Strategies for Supporting a Young Person with Early Psychosis
 - Navigating Mental Health Crises in the Community
 - Understanding Early Psychosis For School Personnel
 - Virtual resources– <http://www.ctearlypsychosisnetwork.org>
- **Behavioral Health Providers:**
 - [Early Psychosis ECHO](#) - Case Discussions and brief didactics (2nd & 4th Thursdays at 12pm)
 - [Webinars:](#) e.g.) Early Psychosis Basics, Early Psychosis Treatment Approaches



Resources

Treatment:

- [Yale - STEP](#) – Early psychosis treatment in New Haven area - (203) 589-0388
- [Yale - PRIME](#) – Prodromal Clinic and Research - (203) 785-2100
- [IOL – Advanced Services for Adolescents with Psychosis \(ASAP\)](#)
- [IOL – POTENTIAL](#)

Virtual:

- [STEP Learning Collaborative](#) – virtual resources on early psychosis, educational offerings for providers, families, and community members
- [MILO](#) – Free e-course on motivational interviewing for families
- [Psychosis REACH](#) – Recovery by Enabling Adult Carers at Home - online course and resources

Family Support/Advocacy:

- [NAMI](#) – family support groups
- [FAVOR](#) - Learning and Leadership Academy

STEP FAMILY AND COMMUNITY WORKSHOP SERIES



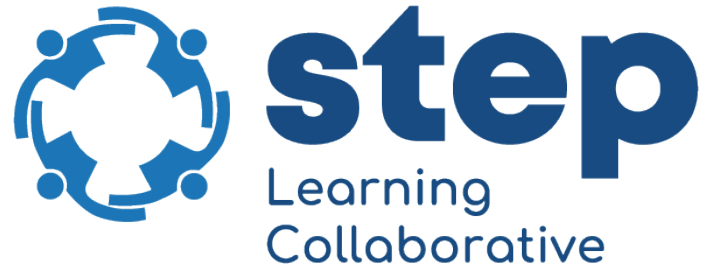
Upcoming Offerings:

Navigating Mental Health Crises in the Community – Panel and Discussion

Understanding Early Psychosis For School Personnel



Questions?



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[STEP Learning Collaborative](#)

Sign up for our mailing list [here](#)

www.CTEarlypsychosisnetwork.org