

# **“JUST THE FACTS” Participant Educational Handouts**

# JUST THE FACTS – PSYCHOSIS

## What is psychosis?

The word psychosis is used to describe conditions which affect the mind and where there appears to have some loss of contact with reality. When someone has these experiences it is called a “psychotic episode.” Psychosis is most likely to occur in young adults and is quite common. Around *3 out of every 100 people* will experience a psychotic episode. Psychosis can happen to anyone. Like other illnesses it can be treated.

**3 out of every 100 people will experience at least one psychotic episode.**

## Question:

- What did you and your family member in NAVIGATE know about psychosis before your recent experiences?

## What are the symptoms of psychosis?

Psychosis can lead to changes in perception and thinking and unusual ideas, making it hard to understand how the person with psychosis feels. In order to try to understand the experience of psychosis it is useful to group together some of the more characteristic symptoms.

## **Symptoms of Psychosis**

<b>Symptom</b>	<b>Description</b>	<b>Example</b>
<i>Hallucinations</i>	Hearing, seeing, feeling, or smelling something that others do not experience	Hearing voices, which no one else can hear, or seeing things which others do not see.
<i>Delusions (having false beliefs or worrisome thoughts)</i>	Having a strong belief that is firmly held in spite of contrary evidence	Feeling convinced from the way cars are parked outside his/her house that a person is being watched by the police.
<i>Confused Thinking and Other Cognitive Difficulties</i>	Difficulty with thinking clearly and expressing oneself clearly Problems with concentration, memory, and reasoning.	Sentences are unclear or don't make sense. Thoughts seem to speed up or slow down, easily distractible.

**These symptoms can occur for lots of different reasons including:**

- Hallucinations can occur when people are deprived of sleep, following the death of a close friend or relative, or the result of using certain drugs such as LSD.
- False beliefs can occur when people use drugs or are frightened and alone in an unsafe environment.
- Cognitive difficulties can occur when people have sleeping problems, get too anxious, or are under stress.

People who are experiencing symptoms of psychosis will sometimes report additional experiences or symptoms. These symptoms include difficulties relating to other people, problems at school or work, and a lack of motivation or energy to do things. These experiences may linger after the symptoms of psychosis mentioned above have improved. The chart below provides information on some of the symptoms that other people with psychosis have reported.

### **Symptoms Sometimes Associated with Psychosis**

<b>Symptom</b>	<b>Description</b>	<b>Example</b>
Decline in Social Functioning	Less time socializing, problems at school or work.	Difficulty making friends or spending time with friends or family; spending a lot of time alone in one's room.
Disorganized Behavior	Unpredictable movements or remaining motionless for extended periods.	Standing looking at the sun for hours; staying in a stuck position.
Negative Symptoms	Lack of energy, motivation, pleasure, or emotional expressiveness.	Things that you used to enjoy don't bring the same pleasure; difficulty "getting going" or following through with things; people say that they can't read your facial expression.
Depression	Feeling extremely sad or blue; can affect appetite, sleep, or energy level.	Loss of interest in activities you used to enjoy or feeling sad; sleeping too much; feeling tired and having low energy; not eating enough or eating too much.
Suicidal thoughts	Thoughts that you want to harm yourself.	Feeling that you want to hurt yourself because you think have no hope for your situation or no way out or are you angry; sometimes voices tell people they should hurt themselves.
Anxiety	Being nervous; feeling scared, worried or afraid.	Avoiding a situation or experience because of fear; constant worry or concern; difficulty concentrating; physical symptoms such as heart palpitations, perspiration, trembling, or shortness of breath.

#### **Questions:**

- Has your family member in NAVIGATE experienced any of these symptoms? If so, which ones?
- What do you and your family member in NAVIGATE think causes psychosis?

## How a Diagnosis is Made

A diagnosis based on a clinical interview conducted by a specially trained professional, usually a medical doctor, but sometimes a nurse, psychologist, social worker or other mental health practitioner. In the interview, there are questions about symptoms experienced, how long the symptoms have been present, the possible role of drug and alcohol use, and how the person is functioning in different areas of his/her life, such as relationships and work.

There is currently no blood test, X-ray, or brain scan that can be used to make a diagnosis. To make an accurate diagnosis, however, the prescriber may also request a physical exam and certain lab tests or blood tests in order to rule out other causes of symptoms, such as a brain tumor or an injury to the brain.

A diagnosis of schizophreniform disorder, schizophrenia, or schizoaffective disorder is most often associated with the symptoms of psychosis; sometimes people with are eventually diagnosed with a mood disorder like depression or bipolar illness often experience psychosis. The following table describes the criteria for each diagnosis. Often, which diagnosis is made depends on how long the symptoms have been experienced.

### Criteria For Each Diagnosis

Diagnosis	Symptoms	Timing of Symptoms
<b>Schizophreniform Disorder</b>	Psychotic symptoms-delusions, hallucinations, negative symptoms, cognitive impairment	Symptoms last at least 1 month that cause significant impairment and then completely subside before 6 months
<b>Schizophrenia</b>	Psychotic symptoms-delusions, hallucinations, negative symptoms, cognitive impairment	Symptoms last at least 1 month that cause significant impairment and overall the problems must persist for at least 6 months
<b>Schizoaffective Disorder</b>	Psychotic symptoms-delusions, hallucinations, negative symptoms, and cognitive impairment. Mood episodes-significant symptoms of depression or mania that last for a substantial portion (but not all) of the time	Mood symptoms that last at least several weeks while having some of the symptoms of schizophrenia at times when mood symptoms are not present; lasts at least 6 months.

- It may be difficult to distinguish schizophrenia from schizoaffective disorder, but fortunately the disorders respond to the same treatments and have a somewhat similar course.

## Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

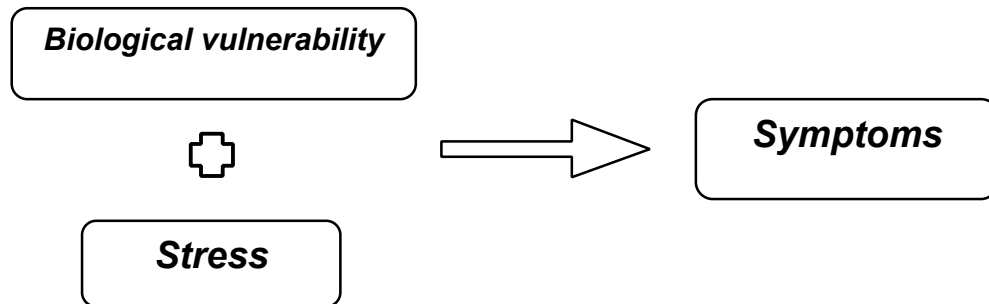
1. Discuss the Just the Facts-Psychosis handout with a family member or another supportive person in your life. What did you learn that you didn't know? How could this information be helpful to you and your family in your current situation? What do you want the members of your family to understand about psychosis?
2. Review the symptoms in the Just the Facts-Psychosis handout. Identify and write down symptoms your family member in NAVIGATE has experienced.

## What causes psychosis?

A number of theories have been suggested as to what causes psychosis, but there is still much research to be done. There is some indication that psychosis is caused by a combination of biological factors, which create a vulnerability to experiencing psychotic symptoms during adolescence or early adult life. These symptoms often emerge in response to stress, drug abuse or social changes in such vulnerable individuals. Some factors may be more or less important in one person than in another. The combination of biological vulnerability and stress, which can lead to psychosis, is called the "Stress-Vulnerability Model."

**Psychosis is nobody's fault – people do not cause it.**

### Stress-Vulnerability Model



According to the stress-vulnerability model, psychiatric illnesses have a biological basis. This biological basis or vulnerability can be made worse by stress and substance use, but can be improved by medication and by leading a healthy lifestyle. The stress-vulnerability model can help you understand what influences the disorder and how the effects of the disorder can be minimized.

- Both stress and biological vulnerability contribute to symptoms

#### What is biological vulnerability?

The term “biological vulnerability” refers to people who are born with, or who acquire very early in life, a tendency to develop a problem in a specific medical area.

- Scientists believe that the symptoms are caused by a chemical imbalance in the brain.
- Some people have a biological vulnerability to develop psychosis.
- As with other disorders, such as diabetes, hypertension, and heart disease, genetic factors play a role in the vulnerability to psychosis. The chances of a person developing psychosis are higher if a close relative also has a psychiatric disorder.
- Alcohol and drug use may trigger symptoms or make them worse.

#### Questions:

- Are you aware of any biological factors in your family for any medical problems? What about for psychiatric problems?



- Has anyone in your family struggled with drugs or alcohol? Has the relative in NAVIGATE had any experience with drugs or alcohol related to his/her symptoms?

### What are stress factors?

- Stress can trigger the onset of symptoms or make them worse.
- Family relationships can sometimes be stressful.
- How people experience stress is very individual. In fact, what is stressful to one person may not be stressful at all to someone else. For example, some people love roller coasters and others avoid them at any cost.
- There is no such thing as a stress-free life, so you can't avoid all stress. But it is helpful to be aware of times when a person is under stress and to learn strategies for coping with it effectively.
- We will present ways to prevent stress and cope more effectively with stress in the Just the Facts-Coping with Stress Handout.

### Question:

- Have there been times anyone noticed the relative in NAVIGATE being under more stress? Did that seem related to symptoms? What are the stressful situations in your family?

### A Few Words about Substance Use

Drugs and alcohol can worsen biological vulnerabilities to develop psychosis. However, we would not say the drugs "caused" the illnesses. Many people use drugs and alcohol and never develop psychosis. However, if a person has a tendency to develop psychosis (usually unknown to him or her) drugs and alcohol can bring it out.

### What can family members or the relative in NAVIGATE do to decrease his/her biological vulnerability and stress factors?

Because both biological vulnerability and stress contribute to symptoms, treatment for psychiatric symptoms needs to address both of these factors.

### Things people can do to influence the biological vulnerability factor of psychosis:

- Take medication as prescribed
- Avoid street drugs and alcohol
- Take care of physical health

**Questions:**

- Have medications helped the relative in NAVIGATE to reduce symptoms?
- Has avoiding (or decreasing) drug and alcohol use helped the relative in NAVIGATE to reduce symptoms?

**Things people can do to influence the stress factor of psychosis:**

- Engage in meaningful activities
- Develop relationships with supportive people
- Learn strategies for managing stress
- Keep family conflict low
- Develop coping strategies for persistent symptoms

**Question:**

- What does the relative in NAVIGATE do to reduce stress?
- How do other family members help?

## Home Practice Options

(Can be reviewed now or at the end of the session)

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Explain to a supportive person what the stress-vulnerability model is. You may do this with the family member in NAVIGATE or someone else close to you.
2. Consider the biological vulnerability of the relative in NAVIGATE. What is he/she already doing to minimize his/her biological vulnerability (e.g., taking medication)? Is there anything more that could be done to minimize the impact of biological factors? If so, anything you might recommend?
3. Consider the stress factors of the relative in NAVIGATE. What is the relative in NAVIGATE already doing to minimize stress (e.g., getting some regular exercise, talking with friends)? Is there anything more the family member can do to minimize the impact of stress? Anything anyone else might do to help reduce stress on the relative in NAVIGATE? If so, select something that could be tried over the next week.

## What is First Episode Psychosis?

First-episode psychosis refers to the first time someone experiences psychotic symptoms. People experiencing a first episode of psychosis may not understand what is happening. The symptoms can be disturbing and completely unfamiliar, leaving the person confused and distressed. It is usually unclear during a first episode what will happen with symptoms over the long run and if the early problem will develop into something more long-term.

- A psychotic episode occurs in three phases. The length of each phase varies from person to person.

### **Phase 1: Prodrome**

The early signs are vague and hardly noticeable. There may be changes in the way some people describe their feelings, thoughts and perceptions.

### **Phase 2: Acute**

Clear psychotic symptoms are experienced, such as hallucinations, delusions or confused thinking.

### **Phase 3: Recovery**

Psychosis is treatable and most symptoms improve. The pattern of recovery varies from person to person.

### Question:

- Which of these phases did the relative in NAVIGATE go through?

Most people first experience psychosis as teenagers or young adults. For some people, psychosis tends to be episodic, with symptoms coming and going at varying levels of intensity after the first episode. Many people can and do recover from psychosis.

## **Treatment Recommendations**

- What people and their families do makes a difference in the person in NAVIGATE's recovery.
- When people experience psychotic symptoms, there are many things they can do to get their life back on track. Joining the NAVIGATE program is the first step.
- Here are some additional recommendations:
  - Take antipsychotic medication as prescribed
  - Participate in individual, group, and family therapy
  - Work toward getting life back on track such as returning to work or school
  - Hang out with friends
  - Avoid alcohol and drugs
  - Learn to manage stress
  - Learn strategies to manage symptoms
  - Exercise and eat healthy foods
  - Stay involved in a treatment program
  - Keep communication in the family strong

**Treatment is important in first episode psychosis and the earlier a person receives it the better he or she will feel and do.**

### **Questions:**

- What treatment recommendations is the person in NAVIGATE already following? How have family members changed their behavior to support him/her?
- What steps could family members take to help your relative get his or her life back on track?

### **Will all the symptoms go away?**

Most people with psychosis find taking regular medication helps symptoms, and the person with first episode psychosis in your family may now be experiencing few or no symptoms. However, sometimes the medication does not eliminate all the symptoms of first episode psychosis and people have to learn to cope with them while they pursue their goals and dreams. The situation is not unlike someone who has a "bad back." Surgery and physical therapy may help, but the pain occasionally flares up and folks have to "nurse" it along while they go to work or school and are with their

families. Medication may help, but you can still feel the pain sometimes, especially when stress is bad. It is important to note that it is normal for symptoms of psychosis to flare up during times of stress. People can still have very full lives even if they have some ongoing symptoms of psychosis or occasional flare-ups. Strategies for coping with psychosis are discussed more in the IRT program, and relapse prevention to address big symptom flare-ups is discussed in a handout later in the family education program.

**The person in NAVIGATE is already on the road to recovery!**

- Individual and family counseling, in addition to antipsychotic medication, have been shown to be effective at improving symptoms and quality of life in people with psychosis
- The NAVIGATE team can assist your family to better manage symptoms, develop a plan for staying healthy and avoiding relapse, and work toward goals

**Questions:**

- What mental health services could help other family members support your relative in NAVIGATE? Are there any other mental health services other family members might need?

**For additional information about psychosis, please refer to the following web sites:**

- General information, fact sheets, videos, links, and more:
  - *EPPIC Program in Australia:*  
<http://www.eppic.org.au/>
  - *Early Psychosis Intervention Program in Canada:*  
<http://www.psychosissucks.ca/eipi/>
  - *Calgary Early Psychosis Treatment Program in Canada:*  
<http://www.calgaryhealthregion.ca/mh/sites/eptp/epp/index.htm>
- Resources for family and friends:
  - [http://www.eastcommunity.org/home/ec1/smartlist\\_12/family\\_and\\_friends.html](http://www.eastcommunity.org/home/ec1/smartlist_12/family_and_friends.html)

- <http://www.eppic.org.au/docs/Fact4howcan.pdf><http://www.psychosisupport.com/>
- <http://www.psychosissucks.ca/epi/howtohelpfriend.cfm>
- [http://www.cmha.ca/bins/content\\_page.asp?cid=3-105-106](http://www.cmha.ca/bins/content_page.asp?cid=3-105-106)

## Home Practice Options

(Can be reviewed now or at the end of the session)

- Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.
  1. Check out one of the websites that has information about psychosis.
  2. Write down a description of what the relative in NAVIGATE's recovery would mean to everyone in the family. If you feel comfortable, share your description with your family members or supportive persons.

## Summary Points Just the Facts-What is psychosis?

- *Psychosis is a condition which affects the mind and where people have unusual experiences, thoughts, and problems with thinking clearly.*
- *Psychosis is very common, with 3 out of every 100 young people reporting a psychotic experience.*
- *The major symptoms of psychosis include hallucinations, delusions or false beliefs, and confused thinking or other cognitive difficulties.*
- *Everyone experiences psychosis differently.*
- *Psychosis is nobody's fault.*
- *Scientists believe psychosis is caused by a chemical imbalance in the brain.*
- *Both stress and biology contribute to psychotic symptoms.*
- *Biological factors contribute to the chemical imbalance in the brain that scientists have associated with psychotic symptoms.*
- *Stress can make symptoms worse or may even trigger the onset of symptoms.*
- *The goals of treatment are to reduce biological vulnerability, minimize stress, and improve the ability to cope with stress.*
- *First episode psychosis refers to the first time someone experiences psychotic symptoms.*
- *Treatment is important and the earlier a person receives it the better he/she will feel.*



# JUST THE FACTS - MEDICATIONS FOR PSYCHOSIS

## Why is medication recommended as part of the treatment for psychosis?

Taking medication regularly can reduce the severity of symptoms and prevent or minimize relapses. When people take medications regularly as part of their treatment, they are less affected by symptoms and they are less likely to have relapses. In the Just the Facts-Psychosis handout, you learned about the “stress-vulnerability model.” This model is based on evidence that both biological vulnerability and stress contribute to the symptoms of mental disorder. Medications reduce biological vulnerability by helping to correct the chemical imbalance in the brain. In mental disorders, the part of the body that is affected is the brain, which is made up of billions of nerve cells (neurons) containing different chemicals (neurotransmitters). Scientists believe that mental disorders can cause imbalances in these neurotransmitters in the brain. Over time, the actual structure of the brain may change in persons with psychosis.

Between 70-90% of people with psychosis who take medication and receive psychosocial treatment experience a significant reduction in symptoms and improved quality of life.

## Question:

- What are your personal beliefs about medication? Do you see benefits or have concerns? Does anyone in the family have concerns about the medication the person in NAVIGATE is on?

## What types of medications are used to treat psychosis?

- The major category of medication that is used to treat psychosis is called antipsychotics. There are many different types and the dosages depend on the individual need.

### Antipsychotic Medications

	Possible Benefits	Examples
Antipsychotic	For most people, low doses of these medications can reduce symptoms	Zyprexa, Abilify, Risperdal, Seroquel, Clozaril, Invega, Prolixin, Haldol, Symbyax, Stelazine, Geodon, Fanapt

- Additional medications are sometimes used to help people feel better. These include several different categories of medication

### **Additional Medication Possibilities**

<b>Medication Category</b>	<b>Possible Benefits</b>	<b>Examples</b>
Mood Stabilizer	Treat problems with extremes of moods, including mania and depression	Depakote, Lithium, Tegretol, Lamictal, Cymbalta,
Anti-anxiety	Reduce anxiety and feeling overly stimulated	Xanax, Ativan, Klonopin, Atarax, Catapres, Vistaril
Anti-depressant	Treat the symptoms of depression, including low mood, low energy, appetite problems, sleep problems, and poor concentration	Zoloft, Lexapro, Prozac, Paxil, Celexa, Effexor, Wellbutrin, Remeron, Pristiq
Anti-cholinergic	Treat the side effects of some medications such as restlessness and muscle spasms	Cogentin, Benadryl, Artane

- Important tips to remember about taking medication:
  - Everybody responds differently, so some people may need a higher dose or a different medication for best results.
  - It is recommended that a person continue taking antipsychotic medication for a significant period of time even after symptoms are better to reduce the risk of relapse.

#### **Question:**

- What changes have family members noticed since the relative in NAVIGATE began medication?

#### **How does taking medications for psychosis benefit the relative in NAVIGATE?**

- Reducing symptoms (e.g., voices, delusions, difficulty with thinking clearly) during and after an acute episode.
- Reducing the chance of a relapse and hospitalization.

**Taking psychiatric medications can help to reduce symptoms during an acute episode. When taken on a regular basis, they can reduce the risk of having relapses.**

**Questions:**

- Which medication(s) has the relative in NAVIGATE taken?
- Which symptoms were helped by the medication(s)? Please record your answers below.

<b>Category of medication</b>	<b>Medication used</b>	<b>Benefits experienced</b>
Antipsychotic		
Mood Stabilizer		
Anti-anxiety		
Anti-depressant		
Anti-cholinergic		
Other:		

## Home Practice Options

(Can be reviewed now or at the end of the session)

- Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.
  1. Share the table about the benefits of medication with a family member or supportive person (perhaps the relative in NAVIGATE if they are not attending these sessions). Ask the person if he or she has noticed any other benefits with the medication.
  2. If you have any questions about medications your family member were prescribed, make an appointment to discuss your concerns with the prescriber or other members of the NAVIGATE team.

## What are the potential side effects of medications for psychosis?

It is important to be informed about both the potential benefits and the potential side effects of the specific medication that has been prescribed. Psychiatric medications, like other medications, can cause undesired side effects.

- Different medications have different side effects, and not everybody experiences the same side effects.
- Common side effects of newer antipsychotic medications:

– Weight Gain	– Dry Mouth
– Drowsiness	– Constipation
– Dizziness	– Blurred Vision
– Restlessness	– Increased blood sugar
- Many side effects may go away over time.

**If any side effects are experienced, it is important to tell the prescriber right away.**

### Questions:

- What side effects has the relative in NAVIGATE experienced from medication? Please record your answers below.

### Side Effects from Medications

Category of medication	Specific medication used from this category	Side effects while taking this medication
Antipsychotics		
Mood stabilizers		
Antidepressants		
Antianxiety and sedatives		
Other:		

### Some Words about Weight Gain

Some of the most troubling side-effects of the newer antipsychotic medications involve weight gain. There may be many reasons for the weight gain—some of the medications may slow metabolism, people in recovery from psychosis are often less active, and some may eat more to deal with anxiety or boredom. Unfortunately, even if they are not eating more, some clients still gain weight. However it happens, the weight gain can be very disturbing to the client and relatives. There are many strategies to try if weight gain becomes a problem in recovery from psychosis.

- The medical professionals in NAVIGATE work hard to keep an eye on the problem through frequent weigh-ins and discussions with their clients.
- Sometimes a change from a medication that is more likely to cause weight gain to one less likely to cause weight gain can help.

- Clients can start watching their food intake. In fact, there are special modules on health in the IRT section of the program. Relatives can help by having nutritious snacks around.
- Clients can work on becoming more active. Here, family members can be helpful by asking the client if he/she wants to go for a walk or some other activity.
- Clients can ask for a referral to a nutritionist to help design a more balanced food plan.

It is important to note that nagging and criticism rarely help the problem. In fact, some studies show that frequent nagging and prompting about weight can increase tension and make the problem worse.

#### Question:

- What did the relative in NAVIGATE do when he/she experienced side effects? If you have any questions about side effects, make an appointment with the prescriber or other members of the NAVIGATE team to discuss.

#### Check it out:

- ✓ Many people find it helpful to plan out in advance how they might talk to their prescriber if they experienced side effects. They then feel more comfortable talking to their prescriber when they are sitting with him or her in the office. Practicing in advance makes people even more comfortable.
- ✓ How do you think the family could help the relative in NAVIGATE talk with the prescriber about concerns about medication and side-effects? It may be helpful for family members to use information from the table above to make a plan to go over side effects during the next prescriber's appointment. Be sure to include the following steps (sample ways of discussing this issue with the prescriber are noted in italics).
  - Introduce the topic of side effects during the prescriber's visit.
    - *"Recently I have noticed some side effects with my medication. Could we take a moment to discuss this?"*
  - Include information about side effect(s) and what help is needed from your prescriber. Be specific.
    - *"After I take my medication I become very tired and it is difficult to keep awake at work. Do you have any suggestions on how I could be less tired during the day?"*
  - Make a plan with the prescriber to resolve the problem.

- *“What do you suggest doing so I am not hungry or eating all the time?”*
  - *“How can I sit in class if I am feeling like I have to move around and can’t concentrate?”*
- Ask questions if you do not understand
  - *“What if the medication doesn’t work for me?”*
  - *“I feel better. Why can’t I just stop taking the medication?”*
  - *“So are you saying that it is okay to just take all of my medication in the evening before bed or do I need to still take a pill in morning?”*
- Relatives can help practice conversations with the prescriber to increase confidence

## Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here is a home practice option for this handout that you can review now or at the end of the session.

1. Your relative in NAVIGATE can make a plan with his/her therapist to talk to his/her prescriber about concerns or questions that he/she has about medication. Make a special appointment if needed. A family member might also want to go if he/she has questions as well.

## How to make an informed decision about taking medications

The first step in getting the best results from medication is to make an informed decision with the prescriber about the potential benefits and risks. In making an informed decision about medications, it is important to learn as much as possible to weigh the potential benefits and possible drawbacks of taking medication. The prescriber is vital to the decision-making process. He or she is an expert about medication and has experience helping others find effective medications.

It is also important for the person considering taking the medication to be very active in making decisions about medication. After all, he/she is the expert about his/her own experience of psychosis and what makes him/her feel better or worse. It can take time for a person and his/her prescriber to find the medication that is most effective. Talking to the prescriber on a regular basis about how one is feeling, so that the two can work together to find the best medicine, is critical.

- Here are some questions that a person considering medication or a loved one may want to ask his/her prescriber:
  - What are the benefits of taking the medication?
  - How long does it take to work?
  - Will it interfere with things I want to do such as work or school?
  - What are the side effects or other drawbacks of taking the medication?
- At the same time, the person in NAVIGATE should continue to use as many recovery strategies as possible, such as participating in IRT, exercising, maintaining a healthy diet, avoiding alcohol and drugs, and minimizing stress. Recovery takes more than medication.



It is important to be an active partner with the prescriber when making decisions about medication.

### Questions:

- What are your thoughts about medication as a treatment option for psychosis?  
How might medication be helpful for symptoms?

### Home Practice Options

- Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.
  1. Help make a list of questions that the person in NAVIGATE will ask the prescriber and practice the questions.
  2. Make a list of reasons why it could be important for the relative in NAVIGATE to be involved in decisions about his/her medication.

### The pros and cons of taking medication for psychosis

To make an informed decision about medications, it is important to weigh the potential benefits (the pros) and the potential drawbacks (the cons) of taking them. The following chart may be useful in summarizing the information:

<b>Pros of taking medications (the benefits)</b>	<b>Cons of taking medications (the drawbacks)</b>
<i>For example-reducing symptoms, preventing symptoms from coming back, keeping symptoms from interfering with the person's life, helping to achieve goals, making progress in other areas of life such</i>	<i>For example-remembering to take the medication, possible side effects, "feeling different"</i>

<i>as relationships</i>	

**Question:**

- Do the benefits of taking medication outweigh the drawbacks or vice versa? Why? Has anyone in your family discussed these concerns about medication with the prescriber?

**Check it out:**

- ✓ How can the relative in NAVIGATE talk to his/her prescriber about medications? How can other family members help? Use the information from the table above to help the relative in NAVIGATE make a plan to talk to his/her prescriber about taking medication. Here are some strategies the relative in NAVIGATE can use:
  - Ask the prescriber a question and be specific.
    - Make a list of medication concerns/questions and bring the list to your appointment.
    - No question is too small. Don't be afraid or nervous to ask.
  - If it is hard understand the answer, ask more questions.
    - If you get confused ask for clarification- *"Could you please repeat that, I am not sure that I understand your answer?"*
    - Repeat the answer back to the prescriber to make sure that you understood his or her answer- *"So, let me make sure I understand . . ."*
  - Thank your prescriber for his or her help
    - *"Thank you for answering my questions."*

Family members can help the relative in NAVIGATE practice talking to his/her prescriber to increase his/her confidence.

## Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Review your list of pros and cons about taking medication.
2. The relative in NAVIGATE can plan to talk to the prescriber as practiced above. Make a special appointment if necessary.
3. The person in NAVIGATE can practice with another family member or supportive person to give him/her more confidence.

## Strategies for Taking Medication Regularly

Some medications only need to be taken when there is a specific problem—like aspirin for a headache or ibuprofen for a pulled muscle. Other medications need to be taken regularly every day to continue to have benefits. For example, medications for high blood pressure or high cholesterol need to be taken every day to achieve good effects. Antipsychotics, mood-stabilizers, and antidepressants need to be taken every day to have their benefits. Even when the person does not appear to be having symptoms, continuing the medication makes sure the situation continues to be positive and that symptoms do not “break through” unexpectedly in the future.

- Take medications at the same time every day.
- Make taking medication part of the daily routine (like brushing teeth).
- Use cues and reminders (e.g., calendars, post it notes, pill organizers, cellphone reminders).
- Remind oneself of the benefits of the medications.
- Talk to the prescriber about simplifying the medication schedule.

## Questions:

- Does the relative in NAVIGATE have difficulty remembering to take his/her medication? What strategies have other relatives used to help the relative in NAVIGATE remember to take his/her medication? Are there more strategies that might be helpful? You might use the following chart below to make a plan to help remember to take medication regularly. Here are strategies to use:

### **Strategies for Getting the Best Results from Medication**

<b>Strategy</b>	<b>Strategy to try</b>	<b>Plan to use this strategy</b>
Talk to the prescriber about simplifying the medication schedule		
Take medications at the same time every day		
Build taking medication into the daily routine		
Use cues and reminders (calendars, notes, pill organizers, cell phone alarms)		
Remind oneself of the benefits of taking medications		
Other:		

**Developing strategies to take medication regularly is crucial to recovery.**

#### **Are Medications Forever?**

Most people do not like to be on medication. Sometimes medications have side-effects and sometimes they are a reminder of problems. However, for most people who have developed psychosis, taking medication can “make or break” whether they can get back on track. Even so, the person in NAVIGATE and his/her family often want to know how long the person needs to be on medication. This is a critical issue to discuss with the prescriber and the team. In a person with a first episode psychosis, after a good period of stability and under low stress circumstances, the prescriber and person in NAVIGATE may eventually decide to try to decrease or eliminate the antipsychotic medication while monitoring the person in NAVIGATE closely. Often, the prescriber will recommend the person with a first episode of psychosis take medication regularly for at least a year

before trying to get off it. While most people find they need to continue on medication to live the fullest life possible, a small minority of persons with first episode psychosis (perhaps 10-20%) can live successfully even off medication.

### Injectable Medications

Most of the medications discussed so far are usually given in pills. However, some antipsychotic medications can be given in injections every few weeks. While no one likes injections, long-acting injectable medications can be a good option for people who are very busy, have irregular schedules, or who forget to take their medications. The pros and cons of taking injectable medication is a good topic to discuss with the prescriber.

- For additional information about medications and other forms of treatment for psychosis, please refer to the following web sites:
  - <http://www.nimh.nih.gov/health/publications/mental-health-medications/complete-index.shtml>
  - <http://www.psychosissucks.ca/epi/pdf/@medication.pdf>

### Home Practice Options

- Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.
  1. The relative in NAVIGATE can make a plan to try one of the strategies for taking medication regularly. The family can help.
  2. The relative in NAVIGATE can track when he/she misses any of his/her doses of medication. The family can help.

## Summary Points Just the Facts-Medications for Psychosis

- *Medications reduce the biological vulnerability to psychosis.*
- *Between 70-90% of people with psychosis who take medication and receive psychosocial treatment experience a significant reduction in symptoms and improved quality of life.*
- *The major category of medication that is used to treat psychosis is called antipsychotics.*
- *Additional medications may be used to treat other symptoms.*
- *Taking psychiatric medications can help to reduce symptoms during an acute episode. When taken on a regular basis, medication can reduce the risk of having relapses.*
- *If a person experiences any side effects with medications, it is important to tell the prescriber right away.*
- *It is important to be an active partner with the prescriber when making decisions about medication.*
- *To make an informed decision about medications, it is critical to weigh the potential benefits (the pros) and the potential drawbacks (the cons) of taking them.*
- *If a person decides to take medications, he/she will get the best results by taking them at the same time every day.*
- *It is helpful to develop strategies for fitting medications into a daily routine.*

# JUST THE FACTS-COPING WITH STRESS

## What is Stress?

“Stress” is a term people often use to describe a feeling of pressure, strain, or tension. People often say that they are “under stress” or feel “stressed out” when they are dealing with challenging situations or events. In this handout, we will talk about how relatives and the person in NAVIGATE can all cope more effectively with stress. People who have developed psychosis are often stressed. Furthermore, relatives with a loved one with a psychotic illness often experience high levels of stress, and this stress can impact negatively on the ill relative. Persons who develop psychosis seem to have better outcomes if their families find positive ways to deal with stress—so good stress management becomes important from everybody in the family.

- Everyone encounters stressful situations.
- Sometimes the stress comes from something positive (like a new job, new apartment, or new relationship) and sometimes from something negative (like being bored, having an argument with someone, or being the victim of crime).
- According to the stress-vulnerability model, stress can lead to an increase in symptoms and is associated with relapse.
- You can develop strategies to help you cope better in stressful situations.
- Family members may be able to help the relative in NAVIGATE deal with stress effectively.

**One in five people report some problem with stress.**

## Questions:

- Describe the last time you felt stressed. What was that like? How did you feel? When was the last time you saw your relative in the NAVIGATE program under stress? How could you tell? How did the stress affect his/her symptoms?

What makes family members feel stressed?  
What makes the relative in NAVIGATE feel stressed?

- Different people find different things stressful.
  - For example, some people enjoy going to a party and meeting new people; others find it makes them nervous.
- Knowing what a person finds personally stressful will help him/her cope better.
- There are two main types of stress: significant life events and daily hassles.
- Significant life events refer to experiences such as moving, getting married, the death of a loved one, or having a baby. Some life events are more stressful than others; for example, getting a divorce is usually more stressful than changing jobs. Importantly, even positive life events (like having a baby or getting a new job) can be stressful.



### **Life Events Checklist**

Put a check mark next to each event that you have experienced in the past year. If the relative in NAVIGATE is not attending the session, circle the stressors he/she experienced in the past year.

- |   |   |
|---|---|
| <input type="checkbox"/> Moving                           | <input type="checkbox"/> Legal problems                                 |
| <input type="checkbox"/> Getting married                  | <input type="checkbox"/> New boyfriend or girlfriend                    |
| <input type="checkbox"/> New baby                         | <input type="checkbox"/> Broke up with a boyfriend                      |
| <input type="checkbox"/> Divorce or separation            | <input type="checkbox"/> or girlfriend                                  |
| <input type="checkbox"/> Injury                           | <input type="checkbox"/> Went on a diet                                 |
| <input type="checkbox"/> Illness                          | <input type="checkbox"/> New responsibilities at work                   |
| <input type="checkbox"/> New job                          | <input type="checkbox"/> No place to live                               |
| <input type="checkbox"/> Loss of a job                    | <input type="checkbox"/> Hospitalization                                |
| <input type="checkbox"/> Inheriting or winning money      | <input type="checkbox"/> Stopped smoking                                |
| <input type="checkbox"/> Financial problems               | <input type="checkbox"/> New responsibilities at home                   |
| <input type="checkbox"/> Injury or illness of a loved one | <input type="checkbox"/> Drinking or using street drugs caused problems |
| <input type="checkbox"/> Death of a loved one             | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Victim of a crime                |   |

- ☐ Total number of life events checked off for you  
☐ Total number of life events checked off for the relative in NAVIGATE

**Moderate stress**= 1 event

**High stress**= 2-3 events;

**Very high stress**= more than 3 events

“Daily hassles” are the small daily stresses of everyday life that can add up if they occur over time.

### **Daily Hassles Checklist**

Place a check mark next to each event that experienced in the past week: Circle the hassles your relative in NAVIGATE experienced in the past week if he/she is not attending the session.

- ☐ Not enough money for necessities
- ☐ Not enough money to spend on leisure
- ☐ Crowded living situation
- ☐ Crowded public transportation
- ☐ Long drives or traffic back ups
- ☐ Feeling rushed at home
- ☐ Feeling rushed at work
- ☐ Arguments at home
- ☐ Arguments at work
- ☐ Doing business with unpleasant people (sales clerks, waiters/ waitresses, transit clerks, toll booth collectors)
- ☐ Noisy situation at home
- ☐ Noisy situation at work
- ☐ Not enough privacy at home
- ☐ Minor medical problems
- ☐ Lack of order or cleanliness at home
- ☐ Lack of order or cleanliness at work
- ☐ Unpleasant chores at home
- ☐ Unpleasant chores at work
- ☐ Living in a dangerous neighborhood
- ☐ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Total number of life events checked off for you  
\_\_\_ Total number of life events checked off for the relative in NAVIGATE

**Moderate stress**= 1 or 2 daily hassles

**High stress**= 3-6 daily hassles

**Very high stress**= more than 6

### Questions:

- What is the most stressful life event you have experienced in the past year? How about your relative in NAVIGATE, if he/she is not attending the session?
- What are the most stressful daily hassles you have experienced in the past week? How about your relative in NAVIGATE?

### Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Use the daily hassles checklist to track stressful events over the next week.
2. Go over the life events and daily hassles checklists with a family member or supportive person to identify stressful events. Ask your family member or friend what daily events he or she finds stressful.

### Check it out:

- ✓ How could the family talk together about the stressors the family member in NAVIGATE is under if he/she is not attending the sessions?
1. Make a list of questions you can ask that person and practice asking the questions of your relative. Plan ahead so you can address concerns or questions about the level of stress your family member in NAVIGATE is under.

## How to recognize stress

- Stress can affect your physical health and emotions as well as your thoughts, behavior, and mood.
- Recognizing your personal signs of stress can help you do something about it.

Use the following checklist to identify your own personal signs of being under stress.

### Signs of Stress Checklist

Place a check mark next to each sign that experienced in the past week: Circle the hassles your relative in NAVIGATE experienced in the past week if he/she is not attending the session..

- ☐ Headaches
- ☐ Sweating
- ☐ Increased heart rate
- ☐ Back pain
- ☐ Change in appetite
- ☐ Difficulty falling asleep
- ☐ Increased need for sleep
- ☐ Trembling or shaking
- ☐ Digestion problems
- ☐ Stomach aches
- ☐ Dry mouth
- ☐ Problems concentrating
- ☐ Anger over relatively minor things
- ☐ Irritable
- ☐ Anxious
- ☐ Feeling restless or “keyed up”
- ☐ Tearful
- ☐ Forgetful
- ☐ Prone to accidents
- ☐ Using alcohol or drugs (or wanting to)
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Being aware of signs of stress can help you take steps to prevent it from getting worse.

### Questions:

- Have you noticed any signs of stress of stress over the last week? What do you do when notice you are under stress? How do other family members recognize that the relative in NAVIGATE is under stress?

### Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Use the signs of stress checklist to track your daily stress over the next week. How many times a week are you feeling stressed? What do you do when you feel stressed?
2. Review signs of stress checklist with your family member in NAVIGATE.

### Family Members and Stress

Family conflict can make psychotic symptoms worse. When relatives learn to deal with stress well, this is one way to reduce tension in families and improve the quality of life for the person in NAVIGATE and their loved ones.

**Improving stress management is critical for ALL family members.**

### Strategies to Prevent or Cope with Stress

- Recognizing stressful situations is the first step to preventing and coping with stress.
- By avoiding some stressful situations, you can focus more of your time on enjoying yourself and achieving your goal(s).
- If you can't avoid stressful situations, you can get better at dealing with the stress they cause.

- Most people find it helpful to be familiar with a variety of stress management strategies.

Strategy	Example	I already use	I would like to try
Recognize situations that caused stress in the past	Think of ways to handle stressful situations. If large holidays with your family make you feel tense, try taking short breaks away from the larger group.		
Schedule meaningful activities	Identify activities that reduce stress. For some people, work is meaningful and enjoyable while other people look to volunteering, hobbies, music, or sports.		
Schedule time for relaxation	Take time to relax each day, to refresh your mind and body from the tensions of the day.		
Have a balance in my daily life	Evaluate your activities and determine if too much activity is causing stress. Be sure to leave time for sleep and for restful, relaxing activities.		
Develop my support system	Seek out people who are encouraging and supportive, rather than critical and pressuring.		
Take care of my health	Be sure you are eating well, getting enough sleep, exercising regularly, and avoiding alcohol or drug abuse to help prevent stress.		
Talk about my feelings	Share positive or stressful feelings with a friend or family member.		
Write down my feelings in a journal	Keep a journal of the positive and negative feelings to avoid bottling up your feelings.		
Avoid being hard on myself. Identify positive features about myself	Create reasonable expectations for yourself, and give yourself credit for your talents and strengths. Identify positive features about yourself and remind yourself of these things when you are feeling stressed.		
Using relaxation techniques	Make a plan to use a relaxation technique such as relaxed breathing, progressive muscle relaxation or imagining a peaceful scene. (see below)		
Using positive self-talk	Develop a short phrase to say to yourself when you feel stressed such as "This is hard, but I can do it," or "If I take this one step at a time, I'll be able to handle it."		

Maintaining my sense of humor	It is hard to feel stressed when you are laughing. Make a list of things that make you laugh and try one the next time you feel stressed.		
Participating in religion or other form of spirituality	Make a plan to participate regularly in a religious or spiritual activity.		
Exercising	Work off your stress by making a plan to exercise regularly.		
Listening to music	Put together a playlist of your favorite songs to listen to when you are feeling stressed.		
Doing artwork or going to see artwork	Make a plan to fit art into your weekly routine. Read an art book or draw pictures.		
Participating in a hobby	Find a hobby you enjoy. Make a plan to try it out with a friend.		
Other:			

**Reducing stress in the family can help the relative in NAVIGATE avoid worsening symptoms or a relapse, and help you live a more satisfying life.**

**Question:**

- Which strategies for reducing stress are you most interested in trying?

## Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Identify a stressful situation that may occur over the next week. Select a strategy for preventing stress to try out and make a plan to use it in the coming week. Get supplies if you need them (e.g. a journal, a schedule of church activities). Track how well the strategy works to reduce stress.
2. If the person in NAVIGATE is not in the session, other relatives can ask the relative in the NAVIGATE program which stress management strategy he/she might want to try over the next week. Help him/her make a plan to practice the strategy.

## Relaxation Techniques

Using relaxation techniques can be very helpful in coping with stress. Three types of relaxation techniques are described below:

- Relaxed breathing
- Muscle relaxation
- Imagining a peaceful scene

Relaxation techniques are most effective when they are practiced on a regular basis. When you are first learning a technique, you usually concentrate on doing the steps according to the instructions. As you become familiar with the instructions, you will be able to concentrate more on the relaxation you are experiencing. Choose one of the following techniques and try practicing it daily. After a week, evaluate whether you think the technique is effective for you.

### Relaxed Breathing

The goal of this exercise is to slow down your breathing, especially your exhaling.



### Steps:

- Choose a word that you associate with relaxation, such as CALM or RELAX or PEACEFUL.
- Inhale through your nose and exhale slowly through your mouth. Take normal breaths, not deep ones.
- While you exhale, say the relaxing word you have chosen. Say it very slowly, like this, “c-a-a-a-a-a-l-m” or “r-e-e-e-l-a-a-a-x.”
- Pause after exhaling before taking your next breath. If it’s not too distracting, count to four before inhaling each new breath.
- Repeat the entire sequence 10 to 15 times

### Muscle Relaxation

The goal of this technique is to gently stretch your muscles to reduce stiffness and tension. The exercises start at your head and work down to your feet. You can do these exercises while sitting in a chair.

### Steps:

- *Shoulder shrugs.* Lift both shoulders in a shrugging motion. Try to touch your ears with your shoulders. Let your shoulders drop down after each shrug. Repeat 3-5 times.
- *Overhead arm stretches\*.* Raise both arms straight above your head. Interlace your fingers, like you’re making a basket, with your palms facing down (towards the floor). Stretch your arms towards the ceiling. Then, keeping your fingers interlaced, rotate your palms to face upwards (towards the ceiling). Stretch towards the ceiling. Repeat 3-5 times.
- *Stomach tension.* Pull your stomach muscles toward your back as tight as you can tolerate. Feel the tension and hold on to it for ten seconds. Then let go of the muscles and let your stomach relax, further and further. Then focus on the release from the tension. Notice the heavy yet comfortable sensation in your stomach.
- *Knee raises.* Reach down and grab your right knee with one or both hands. Pull your knee up towards your chest (as close to your chest as is comfortable). Hold your knee there for a few seconds, before returning your foot to the floor. Reach

down and grab your left knee with one or both hands and bring it up towards your chest. Hold it there for a few seconds. Repeat the sequence 3-5 times.

- *Foot and ankle rolls.* Lift your feet and stretch your legs out. Rotate your ankles and feet, 3-5 times in one direction, then 3-5 times in the other direction.

\*If it is not comfortable to do step #2 with your arms overhead, try it with your arms reaching out in front of you.

### Imagining a Peaceful Scene

The goal of this technique is to “take yourself away” from stress and picture yourself in a more relaxed, calm situation.

#### Steps:

1. Choose a scene that you find peaceful, calm and restful. If you have trouble thinking of a scene, consider the following:
  - at the beach
  - on a walk in the woods
  - on a park bench
  - on a mountain path
  - in a canoe or sailboat
  - in a meadow
  - traveling on a train
  - in a cabin
  - beside a river
  - next to a waterfall
  - in a high rise apartment overlooking a large city
  - riding a bicycle
  - on a farm
2. After choosing a peaceful scene, imagine as many details as possible, using all your senses.
3. What does the scene look like? What are the colors? Is it light or dark? What shapes are in the scene? If it's a nature scene, what kinds of trees or flowers do you see? What animals? If it's a city scene, what kind of buildings? What kind of vehicles?
4. What sounds are in your peaceful scene? Can you hear water or the sounds of waves? Are there sounds from animals or birds? From the breeze? From people?

5. What could you feel with your sense of touch? Are there textures? Is it cool or warm? Can you feel a breeze?
6. What smells are there in your peaceful scene? Could you smell flowers? The smell of the ocean? The smell of food cooking?
7. Disregard any stressful thoughts and keep your attention on the peaceful scene.
8. Allow at least five minutes for this relaxation technique.

### Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here is a home practice option for this handout that you can review now or at the end of the session.

1. Choose at least one of the relaxation techniques and try it out at least 1 time each day for 5-10 minutes for 1 week. Try building up to 20 minutes per day.

### How can I develop a plan to cope with my stress?

- In this handout you have identified stressful situations, signs of stress, strategies for preventing stress, and strategies for coping with stress.
- The following form can help you put this information together as an individual plan for coping with stress.

### **Individual Plan for Coping with Stress**

Stressful situations to be aware of:

- 1.
- 2.
- 3.

Signs that I am under stress:

- 1.
- 2.
- 3.

My strategies for preventing stress:

- 1.
- 2.
- 3.

My strategies for coping with stress:

- 1.
- 2.
- 3.

## Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Share your plan for coping with stress with a family member or support person. Ask that person to help you practice one of your strategies for preventing or coping with stress over the next week. If the person is part of your plan, practice the coping strategy with him or her.
2. If your relative in NAVIGATE did not attend the session, offer to help the family member in NAVIGATE practice one of his/her strategies for preventing or coping with stress over the next week. If he/she is willing, help him/her complete an "Individual Plan for Coping with Stress" form.

## Summary Points Just the Facts-Coping with Stress

- *"Stress" is a term people often use to describe a feeling of pressure, strain, or tension.*
- *Persons with psychosis seems to do better if their relatives exhibit fewer signs of distress*
- *One in five people report some problem with stress.*
- *Life events and daily hassles are both sources of stress.*
- *Being aware of signs of stress can help someone take steps to prevent it from getting worse.*
- *Preventing stress can help someone avoid worsening symptoms or a having a relapse.*
- *Coping more effectively with stress allows one to focus on goals and important areas in one's life.*

# JUST THE FACTS-STRATEGIES TO BUILD RESILIENCY

## Building Resilience

Resiliency is the process of adapting in the face of adversity by building strengths and developing coping skills. For many families, having a loved one develop a psychotic illness is a very distressing occurrence. Resilience is a very individual characteristic, but a characteristic that each person can strengthen. What helps one person, such as creative expression, may not be helpful for another person who finds strength in his or her spirituality.

- Building resilience can help you deal with life's unexpected challenges.
- Developing resiliency serves as a protective factor against stress factors as discussed in the stress-vulnerability model.
- You can learn to be resilient by becoming aware of your strengths and developing strategies to cope with your life stresses.

Common elements of resilience include:

- problem-solving skills
- flexibility
- sense of purpose
- sense of humor
- remaining calm under pressure
- optimizing strengths in difficult situations
- being hopeful
- using healthy coping skills
- increasing positive emotions
- increasing positive experiences
- putting things in perspective
- taking opportunities to grow and change

## Questions:

- What qualities of resilience do you identify with in your life?
- What strengths have you shown in dealing with other life challenges?

- What are your strengths and how could you relate them to the process of resilience?
- How do you define resilience?

### How can resiliency help the family support recovery from psychosis?

- Resilience will help you:
  - Build your strengths.
  - Feel more hopeful about the future.
  - Feel more confident using stress-management techniques.
  - Look toward to a time when no one in the family is consumed with dealing with a psychiatric illness.
- In the NAVIGATE program, you can
  - Learn more effective coping strategies for stressful situations.
  - Practice using your stress management techniques to feel more comfortable using them when you are under stress.
  - Build your resources to help you achieve your goals and build resilience.
  - Develop your support system.
- Family members and supporters have an important role in building resilience in persons who have experienced a psychotic episode. They can
  - Reinforce resilient qualities in the person who has experienced the psychosis.
  - Practice effective coping strategies with the person who has experienced the psychosis.
  - Support the person with psychosis as he/she take steps towards his/her goals.
  - Learn strategies to help the person with psychosis to cope more effectively in times of stress.
  - Provide encouragement when it is difficult for the person with psychosis to see him/herself as resilient.

### Questions:

- What are the most important aspects of strengthening your resilience?
- Who could support you? How?
- What can other family members do to support the relative in NAVIGATE's resilience?

One way of shoring up resilience is by emphasizing personal strengths. Personal strengths include traits such as:

Curiosity  
Judgment  
Emotional intelligence  
Valor  
Integrity  
Loving  
Fairness  
Self-control  
Humility  
Gratitude  
Spirituality  
Humor  
Honesty

Love of learning  
Ingenuity  
Perspective  
Perseverance  
Kindness  
Citizenship  
Leadership  
Prudence  
Appreciation  
Hope  
Forgiveness  
Passion  
Zest

#### Questions:

- Which of these strengths do you have? Which ones do you see in other members in your family?

#### What is a resilience story?

People often find it helpful to examine resilience in the context of their own lives as a first step to building resilience. Think back in your life about stressful situations or events that you had to overcome. Resilience plays an important role in those stories. It is not always easy to think back about the qualities that make us resilient, but oftentimes people can remember a difficult time in their past. By exploring the process of overcoming adversity in your own life, you can begin to discover the resilient qualities and strengths that could be helpful strategies for you in the future.

- Resilience Stories:
  - Reflect a difficult experience in your life that you were able to overcome.
  - Help you discover resilient qualities within yourself.
  - Provide hope for you to find ways to use resilience in your current situation.
- Begin by thinking about a situation or event in your life that challenged you.



### Questions:

- How did you face that challenge?
- What do you admire about yourself for facing that challenge?
- It may also be helpful to think about some specific details about your experience.
  - What happened?
  - Why was this difficult for you?
  - Because of this experience, what did you learn about yourself?

### Questions:

- What impact did this event have on your life?
- What were some of the first signs that you would overcome this event?
- How did you prepare yourself to face this challenging event?
- What did you discover about yourself after you faced this event?

## Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Think about a family member or supporter that you see as resilient. Approach that person and ask them to share a resilience story from his/her life. Be sure to listen for answers to the above questions so you can pick out his/her resilient qualities. Ask the person what qualities helped him or her get through the experience.
2. Share your resilience story with a family member or supporter. Ask that person what resilient qualities that he or she sees in you. How does that compare to the qualities that you have listed?

## **Summary Points Just the Facts-Strategies to Build Resilience**

- *You can learn to be resilient by recognizing your strengths and using them and by developing additional strategies to cope with your stress and symptoms.*
- *Building resilience can help you feel more hopeful and confident about the future.*
- *You can build resilience by learning more effective coping strategies and developing support and resources to help you achieve your goals.*
- *A resilience story is a challenging experience that you have had to overcome in your life. Remembering and sharing this story can help you rediscover your strengths.*

# RELAPSE PREVENTION PLANNING

## What is a relapse?

Psychiatric symptoms tend to vary in intensity over time. Sometimes the symptoms may be absent; sometimes they may be mild or moderate; sometimes they may be strong. When symptoms become severe, it is usually referred to as a “relapse” or an “acute episode.” Some relapses can be managed at home, but other relapses require hospitalization to protect the person or other people. Relapses are most likely when individuals stop paying attention to the stress and vulnerability factors that were discussed earlier.

Psychosis affects people in very different ways. Some people have a milder form and only have an episode once or a few times in their lives. Other people have a stronger form and have several episodes, some of which require hospitalization. It is critical to recognize that, while relapses do tend to occur, these are best considered “setbacks” from which much can be learned. Experiencing a relapse does NOT mean that recovery is impossible.

If individuals have recovered successfully from a psychotic episode, they and their supporters can sometimes be reluctant to talk about potential relapses because they prefer to think they will not happen. They may also be a little afraid talking about them might be more likely to bring them on—kind of like tempting fate. Instead, they want to put the incident “in the past.” While this attitude is very understandable and common, most times it can be very helpful to plan in advance for a problem, even if everyone hopes the plan never needs to be used.

**Relapses are more likely to occur when people are under more stress, stop taking their medications or use alcohol or drugs.**

## Questions:

- Have you noticed any changes in the intensity of the symptoms of your family member in NAVIGATE’?
- Describe a time when his/her symptoms were worse and a time when they were more under control.

## Reducing Relapses Can Help People Take Charge of Their Recovery

- Preventing or minimizing periods of increased symptoms, or relapses, is a critical aspect of recovery from the illness.

There are many things that can be done to prevent or reduce relapses. You have already learned some important relapse reduction strategies in the earlier handouts. Family members can:

- Learn as much as possible about psychosis.
- Be aware of the relative in NAVIGATE's specific symptoms.
- Be conscious of when he/she is under stress and help support strategies for reducing or coping with stress.
- Support participation in treatment.
- Help your relative in NAVIGATE build social supports.
- Assist your relative in NAVIGATE to use medication effectively.
- Establish reasonable expectations in times of high stress.
- Keep conflict in the family at low levels

Another strategy that can be helpful in reducing a relapse is to identify signs, symptoms, and stressors that happened before the relative's first episode of psychosis, and then make a plan to follow if they re-occur.

### Question:

- What is one step your family has taken to help prevent or reduce relapse in the relative in NAVIGATE?

## What are early warning signs?

Even when people do their best to avoid it, their symptoms may start to come back and they may have a relapse. Some relapses may occur over short periods of time, such as a few days, with very little or no warning. However, often relapses develop gradually over longer periods of time, such as over several weeks.

There are often changes in the person's inner experience and changes in their behavior when a relapse is starting. For some people, the changes may be so subtle at first that they may not seem worth noticing. For others, the changes are more pronounced and distressing. When people look back after a relapse, they often realize that these early changes, even the subtle ones, were signs that they were starting to have a relapse. These changes are called "early warning signs." Relatives can play a critical role in helping identify and monitor early warning signs.

Typical early warning signs that relatives might notice in the person in NAVIGATE include:

1. Not sleeping
2. Irritability
3. Social withdrawal
4. Odd clothing choices
5. Decline in personal hygiene
6. Increase in talking to self
7. Increase in suspiciousness

**Learning about early warning signs can help you predict and avoid a relapse.**

**Questions:**

- Has the relative in NAVIGATE experienced any relapses of his/her symptoms?
- If he/she did, did family members notice any early signs of the relapses?

**What are common events or situations that can “trigger” relapses?**

Some people can identify certain events or situations that appear to have led to relapses in the past. The events or situations that seemed to contribute to relapses can be thought of as “triggering” relapses.

The following chart lists some examples of common triggers. Please check off the examples that reflect an experience that the relative in NAVIGATE had before experiencing a relapse of symptoms.

### Triggers of Relapse Checklist

Personal Descriptions of Triggers	The person in NAVIGATE experienced something like this
<i>"Not getting enough rest or sleep."</i>	
<i>"An increase in stress (at home, work, school, etc.)."</i>	
<i>"Drinking alcohol or taking drugs."</i>	
<i>"A major change in his/her life (e.g. moving to a new apartment, starting school)."</i>	
<i>"Arguments or tension with family members, friends or significant others (e.g. boyfriend or girlfriend)."</i>	
<i>"Discontinuing any prescribed medication."</i>	
Other:	
Other:	

- Once you have identified a situation that appeared to trigger a relapse in the past, it is helpful to think about how it might be handled differently if it were to occur again.
  - For example, if a family member noticed that drinking beers with his/her friends tends to trigger an episode in a relative in NAVIGATE, he/she could help your relative plan some activities with friends that do not involve drinking.
  - If a family member noticed that being under stress tends to trigger an episode in the relative in NAVIGATE, he/she could talk with the relative about using a specific relaxation technique, such as deep breathing, the next time he/she encounters a stressful situation.

**Questions:**

- Are you able to identify situations or events that triggered past relapses?
- If so, do you have any ideas about how the situation could be handled differently?

**Learning about Triggers**

<b>Early Warning Sign experienced by your relative in NAVIGATE</b>	<b>Trigger experienced by your relative in NAVIGATE</b>	<b>How family members might have responded differently</b>

## Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Review the Learning about Triggers table as a family. Review strategies to respond differently to that situation.
2. If the person in NAVIGATE did not attend the session, ask him/her relative what he or she remembers as possible triggers before his or her most recent relapse.



# Recognizing Early Warning Signs

People are not always aware when their behavior has changed and they are experiencing an early warning sign of a relapse. For example, someone might not realize that he or she is feeling unusually irritable. Instead, it may seem to him or her that other people are being especially annoying.

Friends, family members, co-workers, healthcare practitioners and other supportive people often notice when someone seems different or is acting out of character. They can be helpful allies in recognizing early warning signs.

## Strategies to help notice early warning signs:

- Family members, friends and mental health practitioners can be “extra eyes and ears” to notice early warning signs.
- It can be helpful for family members to learn to identify possible early warning signs to look for.
- Family members can also be involved in the person in NAVIGATE’s “Relapse Prevention Plan” to help take action to keep early warning signs from becoming relapses.

## What you can do if you become aware of an early warning sign?

The more quickly you act on early warning signs, the more likely it is that you can help avoid a full relapse. When early warning signs are noted, here are some things to check out about the person in NAVIGATE.

- Have stress levels increased? Any new responsibilities?
- Is the person using stress management techniques?
- Is the person still involved in treatment and attending appointments and groups?
- Any changes in medication dosages or problem with missing doses or stopping medication?
- Any problem with alcohol or drugs?

- Should the NAVIGATE staff be contacted for extra support?

Often, if warning signs are recognized early, only a small action may be required—perhaps just remembering to take medications regularly or seeing if there is a way to reduce stress. Sometimes, of course, a call to the treatment team to alert them to the need for a medication reevaluation may be required. However, the overall goal is to respond quickly and effectively to reduce the need for emergency services or hospitalization. Developing a relapse prevention plan now can help early warning signs disappear.

**Developing a relapse prevention plan can help everyone in the family identify steps to get help when there are early warning signs.**

#### Question:

- Have you had an experience where your family helped stop early warning signs from becoming a full relapse? If so, what did you do?

#### Check it out:

- ✓ Talk as a family about what you have learned so far about preventing relapses. Ask your relative in NAVIGATE if family members could help watch for early warning signs. Also determine with your relative what he or she would like others to say or do if they spot early warning signs.

#### Early Warning Sign Spot Check

- It is helpful to review Early Warning Signs with the person in NAVIGATE and other family members.
- If family members recognize early warning signs, they can let the person in NAVIGATE know. They can also ask what you can do to be of assistance.
- These are some strategies that other people have used once they noticed an early warning sign
  - Talking to a clinician to find some coping strategies to reduce stress.
  - Talking to supporters or a family member about early warning signs.

- Getting involved in usual activities such as church or going out with friends.
- Taking medication as prescribed.
- Talking to a sober friend or a clinician if you experience an increase in drinking alcohol or using substances

### **What is a relapse prevention plan?**

- A key part of successful relapse prevention is acting quickly and thoughtfully at the first sign of a symptom flare-up. To do this, individuals who had a psychotic episode and their families usually benefit from developing a relapse prevention plan in advance.
- The overall goal of this plan is to respond to warning signs early and effectively in order to minimize the need for hospitalization.

An example of a Relapse Prevention Plan is presented below.

## **Relapse Prevention Plan**

(Adapted from Birchwood et al., 2000)

**What are the warning signs that need to be watched for (in the order in which they occurred)?**

- 1.
- 2.
- 3.
- 4.

**What types of triggers/stressors need to be watched out for?**

- 1.
- 2.
- 3.
- 4.

**What can we do if these things happen?**

**Some coping strategies to use if experiencing an early warning sign:**

- 1.
- 2.
- 3.
- 4.

**Who can assist the person in NAVIGATE and what can they do?**

- 1.
- 2.
- 3.
- 4.

**Who should be contacted in case of an emergency?**

<u>Name</u>	<u>Phone Number</u>
1.	
2.	
3.	
4.	

Here is an example of a completed Relapse Prevention Plan

**Marco's Relapse Prevention Plan Example****I. What are the warning signs that I need to look out for (in the order in which they occurred)?**

1. Irritability-conversations tend to turn into arguments.
2. Decreased need for sleep-not going to bed until 3-4am.
3. Thoughts that people didn't like me and were always watching me.

**What types of triggers/stressors do I need to watch out for?**

1. Increased alcohol use-drinking 3-4 beers daily.
2. Increased stress at school-at the end of the semester when I have tests and papers.
3. Conflict with my parents-arguing about going to class every day.

**II. What can I do if these things happen?****Some coping strategies I can use if I am experiencing an early warning sign:**

1. If drinking more regularly, I can stop and call my sober friends to hang out.
2. If feeling irritable, I can take a walk around the neighborhood or call my friend James to talk about computers.
3. If not sleeping, I can exercise during the day and tell my prescriber.
4. If having thoughts people don't like me, I can check it out with my clinician or my dad.

**Who I would like to assist me, and what I would like them to do:**

1. Dad to tell me I am being irritable after I have calmed down. It is helpful if he can talk calmly and slowly.
2. James could talk to me about computers, take a walk or go rock climbing with me.
3. My clinician could help me find strategies to cope when I feel that people are watching me.

4. My prescriber can help me determine if I need a change in my medications.

**Who would I like to be contacted in case of an emergency?**

<u>Name</u>	<u>Phone Number</u>
1. Alberto Smith (my dad)	(###) ###-####
2. Sandy (my clinician)	(###) ###-####
3. Dr. Martin (Psychiatrist)	(###) ###-####

### Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. The family members can develop a Relapse Prevention Plan together.

## Summary Points Just the Facts-Relapse Prevention

- *Psychiatric symptoms tend to vary over time. When symptoms become more severe, it is called a relapse.*
- *Relapses of psychosis are more likely to occur when people are under more stress, stop taking their medications, or use alcohol or drugs.*
- *Early warning signs are the subtle changes in a person's inner experience and behavior that signal that a relapse may be starting.*
- *Learning about early warning signs can help someone predict and avoid a relapse.*
- *It can be helpful to identify certain situations or experiences called triggers that led to the initial episode of psychotic symptoms in the past to avoid a relapse in the future.*
- *Developing a relapse prevention plan can help identify steps to get help when anyone in the family notices early warning signs.*
- *Friends, family members, practitioners and other supportive people can be helpful in developing a Relapse Prevention Plan and carrying it out.*

# **JUST THE FACTS - DEVELOPING A COLLABORATION WITH MENTAL HEALTH PROFESSIONALS**

A key objective of the NAVIGATE program is to help relatives and friends work more effectively with the mental health professionals caring for their family members in NAVIGATE. In most cases, outcomes are best when the person who has had a first episode of psychosis, the treatment team, and relatives all work together.

What is involved in effective collaboration? The partnership may include sharing information, for example. Providing input into planning for services may be another component. The earlier this collaboration begins the better. If individuals who have had a first episode of psychosis want relatives or friends involved in treatment, there are many opportunities to work together. If individuals oppose this involvement, collaboration will probably take more time to develop in a trusting way. Even if individuals who have had a first episode of psychosis are totally opposed to their relatives interacting with treatment staff, relatives can still work to educate themselves and improve their own coping and stress management skills. These efforts should still lead to better outcomes.

- A strong collaboration among the person with a first episode of psychosis, relatives, and the treatment team increases the likelihood of a good recovery.

In this handout, a number of critical issues related to strengthening this partnership will be discussed.



## Learning about Types of Mental Health Services

Most communities are divided into what are called catchment areas. A specific mental health agency, funded at least in part by the government, offers services in each area. As a taxpayer, any adult has the right to contact these agencies. He or she can inquire about what services they offer and how to become eligible. Typically, the agency is listed in the telephone book in the government pages.

### What is Case Management?

A key question is whether the agency supports a case management system. In the case management system, an individual or team of individuals assumes responsibility for organizing the person with psychosis's care. This care is not limited to managing the symptoms of the person with psychosis. It also includes providing support in how to meet basic living needs, such as housing or money. A knowledgeable case manager can be an outstanding resource for information on services, how they are paid for, etc.

Agencies differ widely in how they define case management. For some, case management is defined as intermittent meetings with the person with psychosis and the case manager in the office. For others, case management requires more "assertive" effort on the part of a comprehensive case management team. Examples of more assertive case management could include:

- Going out to find the person with psychosis if he or she misses a medication appointment.
- Accompanying the person with psychosis to important appointments at other agencies, such as the Social Security Office.
- Visiting the person with psychosis at home to check in on him or her and offering assistance as needed.

Many studies have shown the value of assertive case management services. They can be vitally important in reducing relapse rates and improving living standards and quality of life of persons with serious psychiatric illnesses.

## **Improving Relationships with Mental Health Professionals**

### **Organizing Meetings**

If the person with the psychotic episode is willing, it is often helpful for relatives to meet with the loved one and the professional who has primary responsibility for coordinating the patient's care. In a public agency, this is likely to be a social worker or case manager. In a private setting, this is likely to be the psychiatrist. Relatives can offer a lot of important information at this meeting, such as:

- Answering questions professionals have about prior episodes of the illness and response to medications and other treatments.
- Input about responses to medications (the person might have only limited memory of these responses) and side effects.
- Developing a treatment plan.

In addition, relatives can also ask questions about strengthening rehabilitation for their relative with the episode of psychosis. For example, relatives can ask about new treatment developments and the availability of crisis services. As in all dealings with health care professionals, the family's best strategy is to be respectful, but persistent, in obtaining answers to its questions! Remember, however, that no one has all the answers to mental illness. Mental health professionals likely share frustrations about slow progress and limited success as well.

**In the NAVIGATE program, we encourage frequent meetings among the individual with the psychosis, relatives, and the treatment team.**

### **Providing Key Information**

Sometimes the individual with the psychosis does not want his or her relatives involved in treatment. However, relatives may believe that they have information critical to the individual's care. What should a concerned relative do? One possibility is to telephone professionals to convey information. In most states, there is no statute or law prohibiting professionals from listening to the information the relative wants to provide. Similarly, the professional can usually answer general questions about the illness and its treatment.

Some professionals will refuse to take such a phone call. In a situation like this, relatives may have to reconsider whether partnership is even possible. They might want to explore other options for providing information. For example, they could write a letter to the professional outlining the important information. They could also try to talk with another healthcare professional who is working with the person with psychosis. Confidentiality issues are discussed in more detail below.

#### Questions:

- What do you want to talk about with the NAVIGATE team? How can you arrange to do it?

#### Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Make a list of any concerns you want to discuss with the NAVIGATE team. Bring the concerns to the next meeting with the NAVIGATE team.

#### Collaboration in a Crisis

Collaboration in a crisis, when anxiety and uncertainty are high, can be difficult. One helpful technique is preparing a one to two page description of the individual's history and prior medication response before an emergency situation occurs. This summary can be updated as needed. It can easily be given to crisis workers or emergency room nurses if the need for a quick intervention arises.

Another critical step in managing urgent issues is to develop a structured relapse prevention plan. Ideally, this plan is developed in advance, and all family members have agreed to it. This topic is discussed more fully in the NAVIGATE Relapse Prevention handout.

**Preparing in advance can help collaboration in a crisis go much more smoothly.**

## Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Put together a 2 page description of the relative in NAVIGATE's psychiatric history and response to medication.

## Confidentiality and Disclosure of Information

### Confidentiality Laws

In this country, laws on confidentiality protect interactions with mental health professionals. These laws assure that people seeking therapy are free to disclose their innermost thoughts and feelings. They do not have to fear that their thoughts and feelings will be revealed to others. The only exceptions are a threat of danger to the person or others, evidence of child, elder, or disabled person abuse, or involvement in some lawsuits.

Confidentiality laws help develop trust between the clinician and the person seeking treatment. These laws are grounded in the belief that the person in treatment can generally act in his or her best interest and can make good decisions about what is best for him/her. Unfortunately, psychosis can sometimes confuse a person's thinking. It can limit the ability to act in one's best self-interest. For example, a person with a psychotic disorder can decide he/she no longer need treatment before he/she has recovered. He/she may also become suspicious about relatives. In light of these problems, an optimal treatment plan for the individual is frequently based on open sharing of relevant information early in treatment.

This sharing can take place among the individual with psychosis's concerned relatives and friends, and the treatment team. "Relevant information" does not mean that every single thought the individual with psychosis or relative has is shared with other family members. It refers to circumstances related to managing the situation successfully. Relevant information sharing might include topics like strategies to encourage taking medication regularly, possible symptom flare-ups, what to do in an emergency, and knowledge of and adherence to treatment recommendations.

Many readers will be familiar with the HIPAA regulations that are designed to protect privacy. Many mental health professionals are trained to emphasize protection of confidentiality in treatment. They can be reluctant to communicate with relatives and

friends of the individual. This reluctance is consistent with the laws protecting patient information disclosure. However, these concerns about confidentiality can sometimes impede effective treatment. This is especially the case when a person with psychosis is not able to act in his or her own best self-interest. In such a situation, communication between the treatment team and relatives can be vital.

### Communication Options for Relatives

Relatives do have options in communicating with the treatment team. Under most circumstances, the person in treatment can consent to the treatment team sharing critical treatment planning information with the relative or concerned loved one. Many persons who have experienced an episode of psychosis see the value of having family or other supported involved in their recovery and readily sign a consent form for this purpose.

Sometimes the person in treatment is initially reluctant to have a dialogue between relatives and the treatment team. However, their relatives are a major source of support for the person in treatment. Sharing information is a topic that can be revisited at a later time to create a more satisfactory arrangement. In these types of situations, establishing dialogue is really an ongoing process instead of a one-time activity.

What if the person in treatment hesitates to have dialogue between the treatment team and relatives, but the relatives have important information for the team? In this case, the relatives can ask to provide information to one of the mental health professionals on the team. This information could be provided either on the phone or by letter. Note that the professional would not be able to reveal privileged clinical information in return. In initiating the contact, relatives could acknowledge the dilemma for the professional. The key is to assure the professional the relative is only providing information. He or she is not trying to obtain information protected by confidentiality laws.

**In the NAVIGATE program, the goal is open sharing of information among the individual, relatives and the treatment team, in order to most effectively support recovery.**

### Kinds of Professional Roles

Most people experiencing psychosis are seen by several professionals. These professionals work together in either a formal or informal team. Team members have different roles.

Persons in treatment for psychosis will usually have a psychiatrist or other medication prescriber they see on a regular basis. Typically, these meetings primarily involve clarifying the diagnosis, evaluating current symptoms, and prescribing or adjusting

medications. Other healthcare professionals provide most of the additional ongoing counseling and case management. Examples of other healthcare professionals include psychologists, social workers, case managers, and nurses. In NAVIGATE, the treatment team is comprised of a program director, a family clinician (may also be the program director), individual clinicians, a supported education/employment worker, and a psychiatrist or nurse practitioner.

Often, psychiatrists are scheduled to see individuals for very brief periods. They may have little time for returning phone calls or meeting with relatives. Relatives can deal with this limited access in several ways:

- Cultivating a relationship with one of the other healthcare professionals working on the NAVIGATE team. This person can sometimes "troubleshoot" for families if there are specific concerns they want to bring to the attention of the treatment team.
- Requesting a meeting with the person in treatment and the psychiatrist, accommodating whatever scheduling the psychiatrist can offer.

### Advocating for the person in NAVIGATE

Recovery from psychosis takes a coordinated effort among the individual, his or her relatives, and the mental health professionals involved. In this handout, and in other parts of our program, family members may become aware that their relative might benefit from services which he or she is not currently receiving. Unfortunately, many persons with psychosis may be unaware or unable to request the services they need. Here, other family members can play a critical role. Encourage the family member in NAVIGATE to ask for what he or she may need. Family members can also advocate for this need. Consult with the treatment team, because understanding its thinking about what might benefit the relative in NAVIGATE can be essential to developing a strong recovery program. Remember, it is the squeaky wheel that gets the grease!

### Language That Mental Health Workers Use

Becoming familiar with the language used by mental health professionals helps communication. Non-professionals often use common terms like "hearing voices" instead of "auditory hallucinations" or "emotions" instead of "affect" or "worrisome thought" instead of "delusion." Mental health professionals will of course understand these terms. However, relatives occasionally come across terms used by mental health professionals that puzzle or confuse them. If a term seems puzzling or confusing, ask! No one should be shy about inquiring about what terms mean when they are used in conversation with professionals.

### Questions:

- Are you uncertain of any of the terms members of the NAVIGATE program has used in conversations with you?

### Home Practice Options

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options for this handout that you can review now or at the end of the session.

1. Keep a list of terms you would like defined and bring it to the next NAVIGATE meeting.

**In the NAVIGATE program, the goal is open sharing of information among the individual who has experienced an episode of psychosis, relatives, and the treatment team, in order to most effectively support recovery.**

### Summary Points-- Just the Facts - Developing Collaboration with Mental Health Professionals

- *A strong collaboration among the person with a first episode of psychosis, relatives, and the treatment team increases the likelihood of a good recovery.*
- *Frequent meetings among the individual with the psychosis, relatives, and the treatment team can strengthen recovery.*
- *Preparing in advance can help collaboration in a crisis go much more smoothly.*

# JUST THE FACTS- EFFECTIVE COMMUNICATION

All families need to communicate. Family members have shared interests and concerns, such as running a household, engaging in recreational activities, and solving problems together. Family members also need to be able to express feelings to each other, such as happiness, anger, sadness, and concern or worry. Effective communication can let people know that they care about and appreciate each other and their efforts. Effective communication can also make it easier for people to express and make requests of others when needed and to resolve conflict when it arises.

## Communication and First Episode Psychosis

Effective communication can be particularly important when a family member has had an episode of psychosis. Psychosis can disrupt communication in many ways. Some common examples include:

- Not talking and withdrawing from other people when feeling depressed.
- Irritability, anger outbursts, or unpredictable behavior due to mood changes.
- Misunderstanding others leading to anxiety or suspiciousness.
- Unreasonable demands or lack of concern about others because of preoccupation with fears or anxiety.
- Difficulty accurately processing social information, such as facial expressions or hints, leading to misunderstandings.

These problems with communication can lead to high levels of stress in families. Conflict among family members can interfere with close relationships and detract from overall family life. In addition, family stress and tension can worsen the course of the psychosis, resulting in more relapses.

### Question:

- What is good about the communication in your family? Are there any problems?

### Pointers for Good Communication

Several different strategies can be helpful for improving communication, resolving conflict, and developing a supportive family environment. These are described below:

#### Get to the point

Long-winded, roundabout statements can be hard for anyone to follow, but especially by someone who has difficulty concentrating. Problems paying attention and concentrating



are common symptoms of psychosis. Being brief and getting to the point quickly makes it easier to get across to the other person, and to be sure one is understood.

### Express feelings clearly with "I" statements

Using words such as "angry," "happy," "upset," or "worried" to describe one's feelings avoids misunderstandings that can occur when people have to guess each other's feelings. Saying "I" statements such as "I feel..." are direct and to the point. When upset feelings are involved, using "I" statements can avoid putting the other person on the defensive as compared to "blaming you" statements. For example, instead of saying "You pissed me off when you were late for dinner last night," try saying "I was angry and worried when you came home late for dinner last night. I would appreciate it if you'd be on time next time or call if you're going to be late."

### Speak for yourself and not others

People often speak for others because they think they know what others are feeling. Families also may use "backchannel communication" to indirectly communicate with each other (for example "Your mother is angry with you"). Speaking for other people and using backchannel communication (either communicating indirectly to others or listening to such messages) naturally leads to misunderstandings since each person is truly an expert on only his or her feelings. The problems of people speaking for each other can be avoided if everyone is responsible only for expressing his/her own feelings. This change may seem hard for family members who are not used to direct communication, but in the long run it can be helpful to everyone.

### Listen to the other person

Family members often know each other so well that they think they know what someone is going to say even before they say it. This can lead to cutting off the other person when he/she is the middle of talking, or not really listening to what he/she has to say. The problem with assuming one knows what the other person has to say is that it is often wrong, and it can interfere with change that both people desperately want. Not listening invalidates the other person's perspective and implies that change is not possible. Listening to each other, and letting the other person know that one understands by repeating what he/she is saying and asking questions, can let the person know you are interested and care about what he or she has to say. For example:

John: *"I feel so down and lonely that I drink to feel better."*

Mary: *"It sounds like your mood really affects your drinking. Would planning some regular activities with me be helpful?"*

### Focus on behaviors rather than personality

It is easier for people to change behavior than to change personality, attitudes, or feelings. Focusing communications on behavior rather than traits is especially

important when you are upset, because you can make it clear to the person what you are upset about. For example:

INSTEAD of saying, *"You are an alcoholic."*

SAY, *"I am concerned because you are drinking so much and I worry about your health."*

INSTEAD of saying, *"You're thoughtless-- you only think of yourself."*

SAY, *"I sometimes think you don't care about me because you rarely ask about my feelings. I wish you would show more concern by asking how I'm feeling more often."*

### **Pointers for Good Communication**

\*Get to the Point

\*Use "I" statements

\*Use feeling words

\*Speak for yourself and not others

\*Listen at least as much as you talk

\*Focus on behavior instead of personality

## Communication Skills

In addition to using the pointers described above, communication can be improved by following some basic techniques described below. These skills can be used when expressing different feelings to each other, and when there are disagreements or conflicts among family members. The rationale and steps of these communication skills are summarized below.

### Expressing positive feelings

Everyone feels good when his/her efforts are acknowledged. Expressing positive feelings about what someone has done, however small, lets him/her know that they are appreciated. Positive feedback can also let the other person know what one cares about, which can foster change. Expressing positive feelings is especially important when a person has had a psychotic episode and may feel confused or depressed about it. Positive feelings can be expressed by using the following steps:

- Look at the person.
- Tell the person what he or she did that pleased you.
- Tell the person how it made you feel.

For example:

- *"I'm proud of you that you went to your appointment even though you weren't feeling like it."*

### Making positive requests

All close relationships involve some degree of doing things for each other. How people communicate their wants and needs can have an important impact on how the other person responds. Making a request of another person is most effective when it is clear, specific, and stated in a positive way. The following steps can be helpful when making requests:

- Look at the person.
- Make a specific request.
- Tell the person how you would feel if the request were granted.

For example:

- *"I would appreciate it if you could go shopping for groceries today."*
- *"I'd like you to come with me to my prescriber's appointment this Wednesday. I would like your help in explaining my medication side effect to her. I would be relieved to know you can be there with me."*

## Expressing negative feelings

Everyone has negative feelings at some point. Being able to express unpleasant feelings constructively is crucial to resolving conflicts and getting along with other people. The following steps can be helpful in expressing and resolving negative feelings:

- Look at the person and talk with a serious voice tone.
- Tell the person what he or she did that displeased you.
- Tell the person how it made you feel—be specific.
- Make a request for change, if possible.

For example:

- *"I was worried when you didn't come home from work at your usual time. In the future, if you think you're going to be late. Please call me."*
- *"I'm angry that you stopped taking your medication. Can we talk about what your concerns are and work out a way to get them addressed?"*

## Compromise and negotiation

People don't always agree on what they want to do together, how to achieve goals, or how to solve problems. Close relationships are based on a degree of "give and take" in which each person gives as well as takes. Being willing to compromise is an effective way of reaching resolution when there is disagreement between people, as outlined in the steps below:

- Explain your viewpoint.
- Listen to the other person's viewpoint.
- Repeat back what you heard (to show you understand).
- Suggest a compromise.
- Be open to talking over other possible compromises.

For example:

- Jane and Sam argued a lot about whether their 16 year old daughter Emma should have a curfew.

Jane: *"I am worried Emma will get into trouble if she comes home late. I worry about problems with drinking or boys, and I can't sleep until she is home. I don't want her out past 11:00."*

Sam: *"I know you worry about Emma but she has been trustworthy and often if she goes to the late movie she won't even be out by 11:00. It is pretty early for a weekend."*

Jane: *"So you think Emma is trustworthy and 11:00 is too early to come home if she were going to a movie. But you know I still worry. How about we let her stay out til midnight only one night on the weekend, and the other night on the weekend she needs to be in by 11:00?"*

### Requesting a time-out

Sometimes when a person's feelings become very intense and heated it is difficult to communicate effectively or to resolve problems. Taking a break from intense feelings can provide time for people to calm down, collect their thoughts, and be able to deal with the situation as constructively as possible. The following steps can be used to request a time out:

1. Indicate that the situation is stressful.
2. Tell the person that it is interfering with good communication.
3. Explain that you would like to take a temporary break.
4. Say when you will be ready to talk and problem solve about the situation.

For example:

- *"I'm feeling stressed right now by this conversation. I'd like to take a break now and discuss this with you later when I'm feeling calmer."*

### Questions:

- Which of these skills are members of your family already good at? Which do you need to practice?

### The Importance of Practice

Communicating effectively is like any other skill—it takes practice to get good at it. Change is hard for everyone, and people may feel awkward or uncomfortable at first when trying to use the communication recommendations provided in this handout. With practice, the skills of good communication will feel natural over time, and the long-term rewards in terms of the quality of family relationships are well worth the effort.

Sometimes these communication changes seem hard to make and some people think "most people don't speak like this." The point here is to strengthen communication skills over and above "the average" to compensate for concentration and attentional problems that often are part of experiencing psychosis. Here, the goal is to be a better communicator than most people, to support the person in NAVIGATE's recovery.

Each of you will have the opportunity to practice at least one of the communication skills presented in the handout in the session. Which skills would you like to practice? Other family members should watch and make sure all the steps are covered.

### Home Practice Option

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here is some home practice option for this handout that you can review now or at the end of the session.

1. Try one of these new skills each day, recording how it went on the worksheet on the next page.

### **Worksheet for Practicing Communication Skills**

Instructions: Choose a communication skill you would like to practice over the next week, and try to practice it every day. Write down the skill you would like to practice: \_\_\_\_\_

\_\_\_\_\_

Use this worksheet to record the day, the person to whom you talked, and what you said.

Day	Person you talked to	Situation	What you said

## **Summary Points for Just the Facts -Effective Communication**

- *Good communication can compensate for the attention and memory problems that occur with psychosis.*
- *Statements should be brief, specific, and use “I” statements.*
- *Practicing new ways of talking can be awkward but can be helpful.*
- *Practice is important to strengthening to skills.*



# JUST THE FACTS - A RELATIVE'S GUIDE TO SUPPORTING RECOVERY FROM PSYCHOSIS

Loving a family member with a serious psychiatric illness can be challenging. The potential for a relapse and worries about the future often can weigh heavily on a relative's mind. Fortunately, a relapse is less likely to occur if a relative encourages a person who has had a psychotic episode to:

- Take medication as prescribed.
- Avoid drug and alcohol use.
- Participate in a rehabilitation program and/or find something productive to do.
- Limit the amount of stress experienced within the family.

## High Levels of Tension Are Common in Many Families Dealing with a Psychotic Episode

Relatives can assume a positive role in managing stress in the family. Research conducted with families has found that a positive family environment among relatives and a person with psychosis plays a very important role in minimizing the progression of symptoms. When interacting with a person with a serious psychiatric illness, relatives often benefit from attempting to understand what their relative in NAVIGATE is experiencing, i.e. "trying to put themselves in the person's shoes." A person with a psychosis must cope with disturbing symptoms, side effects of prescribed medication, and the fact that he/she has an emotional or mental problem. These factors can seem like overwhelming challenges for both the person with psychosis and for those who care about him or her. Levels of tension, anxiety, and confusion may be high for both the person who has experienced a first episode of psychosis and his or her relative.

### Critical Communication Patterns Are a Problem

An experience of psychosis can be devastating. It is not surprising that loved ones of the person with the psychosis may frequently feel irritable or “on edge.” Sometimes, this stress causes the relative to prompt or nag the person who has experienced the first episode of psychosis to try to get things under control. Criticism in families is normal. However, these types of communication patterns have been related to higher rates of relapse. Criticism and extreme self-sacrificing behavior, even if done for the own good of the person who is experiencing psychosis, often have a bad effect. Repeated prompting, correcting, and fault-finding may lead to an increase in symptoms. Relatives can become more aware of the behaviors they direct toward the individuals with a first episode of psychosis, and try to reduce ineffective prompting or criticism. The relative can become aware of the levels of criticism, nagging, and prompting within the family and attempt to limit the intensity and frequency with which they occur. If family members focus on reducing these behaviors, the stress level should lessen. One way to work to reduce criticism is to focus instead on praising desired positive changes, no matter how small they might seem.

**Focus on the positive rather than the negative whenever possible.**

### Question:

- What are two things family members can praise the relative in NAVIGATE for?

### Home Practice Option

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here is a home practice option for this handout that you can review now or at the end of the session.

1. Make sure family members praise the relative in NAVIGATE at least once daily over the next week about something positive he/she is doing.

### Extremely Self-Sacrificing Behavior May Create Difficulties

Many relatives are inclined to be extra watchful in caring for a family member with psychosis. Relatives may be reluctant to leave the patient unsupervised and may reduce work or social activities in order to increase the time they are available to assist the person experiencing the psychosis. However, persons who have had an episode of

psychosis are acutely sensitive to external pressure. They may find this additional supervision to be stressful. It may even create guilt in the person with psychosis, who sees his or her family member refuse positive social, job, or leisure opportunities on his or her behalf. Research shows that this self-sacrificing behavior may have the unintended impact of contributing to a worsening of symptoms. In short, relatives need to be sure they "get a life," even though the person in NAVIGATE is still recovering.

Relatives need to be sure they continue to develop their own lives.

**Question:**

- What is one activity, perhaps a hobby, family members have let go of but would like to spend more time on?

It is clear that the person who has experienced a psychotic episode can reduce the frequency of relapses by taking his/her medication as prescribed and avoiding the use of drugs and alcohol. The manner in which relatives interact with the relative with psychosis may also affect relapses. If relatives minimize the criticism, nagging, and extreme self-sacrificing behavior they exhibit, they can aid in the reduction of stress within the family. The frequency of relapse should be reduced, and the outcome of the person in NAVIGATE will be improved. As the relative in NAVIGATE improves, this will also have a positive impact on the rest of the family as well!

**Two Good Mottos: Don't sweat the small stuff!**

**Choose your battles wisely!**

**Home Practice Option**

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here is a home practice option for this handout that you can review now or at the end of the session.

1. Try to do one fun activity just for yourself this week.

## **Summary Points for Just the Facts-A Relative's Guide to Supporting Recovery from Psychosis**

- *Relatives can be critical influences in recovery from psychosis.*
- *Conflict in families can increase stress, which can make symptoms worse.*
- *Paying attention to the positive helps increase support.*
- *Relatives need to be sure they take care of themselves and have some fun too.*

# JUST THE FACTS: BASIC FACTS ABOUT ALCOHOL AND DRUGS

Alcohol and drug use are common behaviors that many people engage in. People who have had a recent psychosis are very sensitive to the effects of substances: even small amounts of alcohol or drug use can trigger symptoms or interfere with functioning. This module focuses on talking about substance use and psychosis. If substance use has been an issue for the relative in NAVIGATE, we want you to know that many people with psychosis and substance use problems have been able to reduce and stop using substances, taking control over their lives and their recovery.

## Question:

- Do family members think the relative in NAVIGATE has been using alcohol or drugs in the past couple of months? What makes you think so? How about before his/her psychotic episode?

## Information about Commonly Used Substances

Using alcohol and drugs is a common human behavior that dates back for thousands of years. For example, drinking a beer, a glass of wine, or a mixed drink is common in modern society. Similarly, using drugs such as marijuana, cocaine or speed, or ecstasy to get high, and feel energetic or relaxed is also common. These types of substances can make people feel good, but they can also cause problems for people who have experienced psychosis. This handout covers commonly used substances and their effects. It also explores reasons for using substances.

## Commonly Used Substances and Their Effects

It is helpful to understand what people commonly experience when they use alcohol and drugs. The following table lists examples of both the positive and negative effects of alcohol and drugs.

### Commonly Used Substances and Their Effects

Substance Type	Examples	Positive Effects	Negative Effects
Alcohol	Beer, wine, gin, whiskey vodka, tequila	-Relaxation -Lighter mood	-Slower reaction time, feeling tired -Socially embarrassing behavior
Cannabis	Marijuana, hash, THC	-Relaxation -"High" feeling	-Reduced reaction time and coordination -Feeling unmotivated -Feeling tired -Paranoia -Increased anxiety or feeling panicky
Stimulants	Cocaine (powder/or crack) amphetamines (crystal meth., Dexedrine, Ritalin) Adderall, ephedrine	- Feeling alert, energetic -Euphoria	-Increased anxiety -Paranoia and psychosis -Sleeplessness -Feeling jittery
Hallucinogens	Ecstasy, LSD, peyote, mescaline	-Increased sensory experiences -Feeling of well-being	-Bad "trips" -Psychotic symptoms
Opiates	Heroin, morphine, vicodin, Demerol, opium, Oxycontin	-Positive feeling of well-being -Relaxation -Reduced pain sensitivity	-Drowsiness -Highly addictive -Risk of overdose

### Other Commonly Used Substances and Their Effects

Substance Type	Examples	Positive Effects	Negative Effects
Inhalants	Glue, aerosols, paint	-“High” feeling	-Severe disorientation -Toxic/brain damage
Over-the-counter medications	Cough syrup, antihistamines and related compounds (such as Benadryl and other cold tablets)	-“High” feeling, -Sedation	-Drowsiness
Caffeine	Coffee, energy drinks, some teas, some sodas	-Feeling alert	-Feeling jittery -Interference with sleep
Nicotine	Smoking, chewing tobacco	-Feeling alert -Feels good	-Health problems, such as emphysema, lung/throat/mouth cancer
Benzodiazepines (Anti-anxiety medication)	Valium, Xanax, Klonopin, Ativan	-Reduced anxiety -Relaxation	-“Rebound anxiety” when medication wears off -Loss of inhibition and coordination -Dulled senses

#### Questions:

- Which of the substances has the relative in NAVIGATE ever tried? Anything he/she has tried (such as over the counter medicines or herbal preparations) that is not on the list?
- What effects (either positive or negative) have family members noticed in their relative in NAVIGATE experiencing from each of the substances he/she has tried?

## Why do People Use Alcohol and Drugs?

There are many reasons people use substances. Some of the most common reasons are described below.

### Common Reasons for Using

#### To socialize

Using substances with other people can make you “one of the crowd.” It can make it easier to meet people, to feel comfortable around people, or just give you something to do with friends to have fun or hang out. Using with friends can also be a way of re-connecting with people you haven’t been in touch with for a while. People often use substances together at parties, celebrations, or holidays.

#### To have fun

Alcohol or drugs can make people feel good, and fight boredom in their lives. Some substances may make people feel high, relaxed and mellow. Others can cause people to feel alert, energetic, and full of life.

#### To improve mood

People may use substances to counteract the effects of feeling bad. Alcohol and drugs can provide temporary relief from feeling depressed, anxious, or angry, although it can also contribute to negative feelings. For example, it is common for people to feel bad about themselves for being unproductive if they are spending a lot of time hung over.

#### To cope with symptoms

Some people use alcohol and drugs to cope with symptoms. Alcohol and drugs may provide temporary relief from hearing voices or having other hallucinations. Using substances can reduce paranoid thinking, or being concerned that other people are looking at you, talking about you, or know what you are thinking. Some substances can increase concentration, which can help when one’s attention easily wanders. Using substances to cope with symptoms can provide some temporary relief, but it can also worsen the problem in the long-run.

#### To help with sleep

Alcohol and drugs can make it easier to get to sleep. However, the sleep is often less restful and you may feel groggy in the morning.



### To avoid other problems

People may also use substances as a way of distracting themselves from their problems. For example, people may use alcohol or drugs to distract themselves from problems with work or school, when they are having conflicts with others, because they are lonely, or because they are unhappy with themselves.

For these individuals, substance use may provide a temporary escape from a variety of life problems.

### It becomes part of a daily routine

Some people use substances because it becomes part of their daily routine, and gives them something to look forward to. Everybody needs to have things they care about and look forward to doing, and for some people this includes using alcohol or drugs. For these individuals, using alcohol or drugs is more than just a habit; it is part of their lifestyle and an important part of how they live each day.

### Chasing the “good old days”

People who have had a psychotic episode sometimes resume using alcohol or drugs, often with their friends, after their symptoms are under control because they want to experience the same pleasure and enjoyment they previously had from using substances. This may work some of the time, but people often find that they are more sensitive to the effects of substances after their episode, and that the effects aren't as enjoyable as before.

### Questions:

- Has the relative in NAVIGATE used substances for any of the reasons described above?

### Home Practice Option

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here is a home practice option for this handout that you can review now or at the end of the session.

1. Family members can consider asking the relative in NAVIGATE what he/she sees as the pros and cons of substance use at this point in his/her life. Keep calm during the conversation. Really try to see the world through your relative's eyes—you do not need to change his/her mind at this time.

### Substance Use and Psychosis

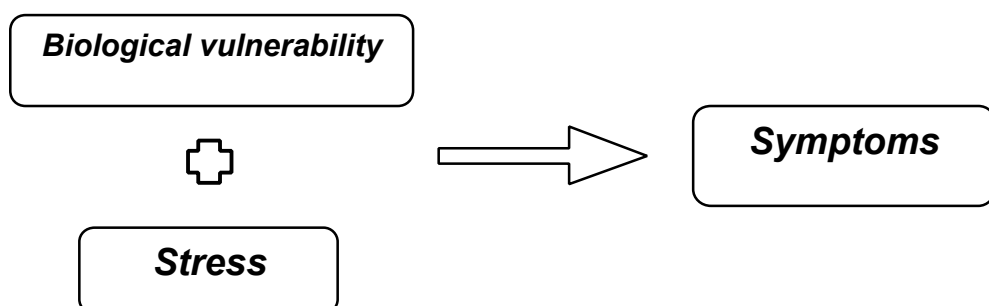
Using alcohol and drugs is common. However, substance use can also cause problems. People who have recently experienced a psychosis are especially sensitive to the effects of substances.

### Revisiting the Stress-Vulnerability Model

Alcohol and drugs can trigger symptoms and relapses of psychosis. The stress-vulnerability model of psychosis helps explain why using even small amounts of substances can make symptoms worse, and lead to relapses and hospitalizations.

The figure below summarizes the stress-vulnerability model, which is also explained here.

### Stress-Vulnerability Model



The symptoms of psychosis are caused by biological factors (or vulnerabilities).

- These biological factors and symptoms can be made worse by:
  - Alcohol and drugs
  - Stress
- These biological factors and symptoms can be improved by:
  - Taking medications
  - Learning effective strategies for coping with stress and symptoms
  - Good social support
  - Engaging in meaningful activities, such as work or school
  - Avoiding alcohol and drug use
- Alcohol and drugs can directly affect the biological factors in the brain (brain chemicals or neurotransmitters) that cause psychosis, worsening symptoms.
- Substance use can interfere with the protective effects of medication on reducing symptoms and causing relapses, leading to worse symptoms and more relapses.
- Other effects leading to worsening of stress through negative consequences of using substances and/or effects on disrupting protective factors (e.g., loss of social support because of arguments about use, interference with a structured daily activity--missing work or school, etc.).

Psychosis makes people very sensitive to alcohol and drug effects. It is not necessarily that a person is drinking or using more—they may not be—but even a little bit may make him/her anxious or suspicious or make voices get worse. Even one beer can cause some people with first episode psychosis to have a problem, even if it never did in the past.

### Question:

- Has the relative in NAVIGATE appeared to have any change in sensitivity to alcohol or drugs since he/she experienced a psychotic episode? Like getting more suspicious after just one beer?

## Other Problems Related to Alcohol and Drug Use

In addition to increasing symptoms and causing relapses, drug and alcohol use can lead to other problems.

### Interference with work or school

Using substances can get in the way of work or going to school. People may have difficulty focusing at work or school, and doing the best they are capable of. Or they may be late or miss work or school, because they were up late the night before or they just don't care as much.

### Social problems

Substance use often causes conflicts with other people, either family members or friends. Relatives may be concerned about a loved one's use of alcohol or drugs, and this can lead to arguments and tension in the family. Substances can make people less predictable and harder to get along with. For example:

- Acting more irritable or moody than usual.
- Not coming home when expected.
- Not following through on responsibilities to others, such as chores, cooking, or cleaning.
- Not being as involved in friends' lives, such as not returning calls, not keeping up with communication, or canceling plans.

### Questions:

- Have family members told the relative in NAVIGATE they were concerned about his/her substance use?
- Has substance use ever led to arguments or conflicts in with your family?
- Substances can also cause problems related to the people with whom one uses. For example: Being impulsive when using, and doing things that are

embarrassing or get one in trouble, such as causing a disturbance, getting into fights, or having sex with someone the person doesn't know well.

- Being taken advantage of by other people, either sexually or financially. People may act like they are friends, but only because someone has something they want, such as money or the use of an apartment.

### Daily living problems

People may not take care of themselves when they are using substances. They may not shower, brush their teeth, or keep up their appearance like they ordinarily would. Or they may not eat well, or take care of their room, apartment, or house.

### Legal problems

Using substances can cause legal problems. For example, driving under the influence of alcohol or drugs is against the law and can result in severe penalties. People may be arrested for acting in an aggressive or disorderly way, or for possessing illegal drugs.

### Safety problems

People may use substances in unsafe situations, such as driving under the influence, going to dangerous neighborhoods in order to buy drugs, or hanging out with people who may take advantage of them or harm them. Using substances can also make it easier to get into accidents, such as car accidents or tripping and falling down.

### Problems achieving goals

Using alcohol or drugs can get in the way of people achieving their personal goals. It may be difficult to sort out whether psychosis or substance use has interfered with a person achieving his or her goals, because the two problems can interact with each other.

### Health problems

Substances can cause a variety of health problems, both short- and long-term. Short-term health problems include weight gain or loss, digestive problems, appetite disturbance, and sleep problems.

Long-term alcohol use can produce many problems, including liver problems such as cirrhosis. Substances such as cocaine, heroin, and amphetamines can cause blood borne infectious diseases such as hepatitis C and the HIV virus if snorting straws or needles are shared between different people. These are blood-borne diseases that can be spread through exposure to an infected person's blood, such as by sharing needles (injecting) or straws (snorting) for using these drugs.

People may also neglect to take care of chronic health conditions such as diabetes or to keep up with health protective behaviors like exercise because they are doing drugs.

### Psychological dependence

Frequent use alcohol or drugs can lead to psychological dependence, such as:

- Spending a lot of time using substances
- Giving up important activities in order to use
- Using more than intended
- Trying unsuccessfully to stop

### Physical dependence

Frequent use of substances can also lead to developing tolerance, so that the person needs to take larger amounts to get the same effect they used to get. Another sign of physical dependence is experiencing withdrawal symptoms if they stop using, such as feeling shaky or nauseous.

### Question:

- Has the relative in NAVIGATE developed any of these problems mentioned above because of substance use?

### Tips to Help with a Relative's Substance Use

Substance use is common in persons with a psychotic episode and it make take some time for the person using the substances to recognize there is a problem. There are things family members can do to help the situation. Here are some tips:

- Continue to use good communication skills about being concerned or worried; prompting and nagging about substance use tends to make it worse.  
*For example, you can say "I worry you will relapse when you drink more than a beer. Is there anything I can do to help" instead of "You have to quit drinking. Don't you remember what the prescriber said?"*
- Provide praise for positive changes (e.g. avoiding substance using friends, even going a few days without using) no matter how small.
- Do not contribute any money that your relative in NAVIGATE may be using for substances.
- Set a good example yourself—do not use substances to excess.
- Give a clear firm consistent message about why you are concerned about what your relative in NAVIGATE is doing that might interfere with his/.her recovery.

## Home Practice Option

Between sessions, most people in our program find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here is a home practice option for this handout that you can review now or at the end of the session.

1. Decide which of the tips outlined above family members are going to use over the next week and try them.

## Summary Points for Just the Facts-Basic Facts about Alcohol and Drugs

- *Many people with a first episode of psychosis use substances.*
- *Common reasons for using substances in psychosis include to socialize, have fun, cope with symptoms, and manage boredom.*
- *People with psychosis are especially sensitive to substance use effects, so just a little bit can make the situation worse.*
- *Relatives can help their loved ones with a first episode of psychosis begin to reduce or eliminate use.*
- *Reducing or eliminating substance use can take a long time in first episode psychosis, but it is possible.*