

Clinical Guidelines for “Just the Facts-What is Psychosis?”

OVERVIEW:

This topic area covers the basic facts about psychosis. You can inquire about the participants' understanding of illness and answer common questions that people often have about mental illness. As a result, participants will become informed about the illness and be able to more actively be involved in the recovery of their loved ones.

Goals

1. Elicit information on all of the participants' understanding of the client's symptoms, causes, and course of illness.
2. Provide psychoeducation that addresses gaps in the participants' knowledge about first-episode psychosis.
3. Introduce the stress-vulnerability model.
4. Provide a message of hope and optimism by outlining the possibilities for treatment and recovery in the future.

Materials Needed

Educational handouts

1. Introduction to Just the Facts Sessions
2. Just the Facts-Psychosis

TEACHING STRATEGIES:

- Be prepared to destigmatize symptoms, either by normalizing them or dispelling myths associated with mental illness.
- Keep in mind how knowledge about symptoms can help relatives support recovery.
- Recognize the participants' current knowledge and experience about psychosis.

- Discuss how relatives can elicit information from the person in NAVIGATE if he/she is not attending the session. Help them practice how to approach this person and discuss his/her symptoms or treatment.
- If the client attends, officially recognize him/her as someone who has special knowledge in this area—the expert-- and encourage him/her to talk about what experiencing symptoms is like; this strategy can help relatives gain empathy.

TIPS FOR COMMON PROBLEMS:

- Be prepared for the person in NAVIGATE'S denial of having ever had symptoms. Accept the denial and discuss the symptoms in the spirit of informing the client, but not accusing him/her of having them.
 - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that occurs following an initial psychotic episode.
 - At times it may be more effective to link learning the contents of the module to a goal that the person has previously identified. For example, you could say, "I think working together on this handout will help you with your goal of going back to school."
 - Alert relatives that persons who have had an episode of psychosis do not have to acknowledge "illness"; they only have to want to improve their situation.
 - Note that many persons who have had a psychotic episode do not believe they are "ill" but will often acknowledge they have "emotional problems" or "emotional challenges." They will frequently assent that they are having trouble with "focus," "memory," "concentration" or "attention" and agree to receiving help in improving these challenges.

THE MOST IMPORTANT GOAL OF THE SESSION:

Help the participants understand the stress-vulnerability model as it is the basis for all the interventions in NAVIGATE.

EVALUATING GAINS:

- After completing this module it may be helpful to assess how much knowledge the participant has retained about the symptoms and course of psychosis. You can assess participants' knowledge using the following questions:
 1. What are some of the symptoms of psychosis?
 2. Does everyone who has psychosis have the same experience with symptoms?
 3. What do you think causes symptoms?
 4. How are diagnoses of psychosis made?
 5. What do you know about treatments for psychosis, like therapy?
 6. Can you tell me a bit about the stress-vulnerability model?