PSYCHOSIS TOOLKIT FOR CAMPUS STAFF

EARLY IDENTIFICATION, SCREENING AND BRIEF INTERVENTION

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RESPONDING TO PSYCHOSIS

• "THE IMPORTANCE OF WORKING WITH OTHER HEALTH AND SOCIAL SERVICE PROVIDERS TO CREATE AN EARLY IDENTIFICATION/ RAPID RESPONSE SYSTEM.

• PEOPLE EXPERIENCING SIGNS AND SYMPTOMS OF PSYCHOSIS OFTEN SEEK HELP FROM OTHER SERVICE PROVIDERS, SUCH AS PRIMARY CARE PROVIDERS, SCHOOL OR UNIVERSITY HEALTH SERVICES, YOUTH AGENCIES... MENTAL HEALTH SERVICES OR OTHER SERVICES THAT HAVE REGULAR CONTACT WITH ADOLESCENTS AND YOUNG ADULTS."

• (SOURCE: EARLY PSYCHOSIS INTERVENTION PROGRAM STANDARDS, MINISTRY OF HEALTH AND LONG TERM CARE/2011 )
PSYCHOSIS IS A GROUPING OF SYMPTOMS

- AFFECTS 3/100, MOST BETWEEN AGES OF 16-35
- DISTORTION OR LOSS OF CONTACT WITH REALITY.
- DELUSIONS, HALLUCINATIONS OR THOUGHT DISORDER.

"POSITIVE SYMPTOMS"
NEGATIVE AND COGNITIVE SYMPTOMS

• NEGATIVE SYMPTOMS: FEELING DEPRESSED/ APATHETIC, ANXIOUS, ISOLATIVE, HAVING DISTURBED SLEEP, SOCIAL WITHDRAWAL AND IMPAIRED ROLE FUNCTIONING.

• COGNITIVE SYMPTOMS: DIFFICULTIES WITH ATTENTION, MEMORY, EXECUTIVE FUNCTIONING AND ATTENTION SPAN
TYPES OF PSYCHOSIS

- SCHIZOPHRENIA-
- SCHIZOPHRENIFORM DISORDER-
- BI-POLAR DISORDER-
- SCHIZOAFFECTIVE DISORDER
- DEPRESSION WITH PSYCHOTIC FEATURES
- DRUG INDUCED PSYCHOSIS
- ORGANIC PSYCHOSIS
- BRIEF PSYCHOTIC DISORDER
- DELUSIONAL DISORDER

SOURCE: CAMH – FIRST EPISODE PSYCHOSIS – REVISED EDITION 1999, AN INFORMATION GUIDE (BROMLEY, CHOI, FARUQUI)
EARLY WARNING SIGNS - PRODROME

• reduced concentration and attention
• reduced drive and motivation
• depression
• anxiety
• social withdrawal
• suspiciousness
• irritability
• mood swings
• sleeping problems
• changes in habits
• difficulty carrying out daily responsibilities
SCREENING FOR PRODROME

• IS PERSON EXPERIENCING PSYCHOSOCIAL DIFFICULTIES?

• IF YES....CAN THESE BE EXPLAINED BY SPECIFIC MENTAL HEALTH PROBLEMS OR IS THIS AN ACUTE REACTION TO LIFE STRESSORS (SITUATIONAL)

• IF SYMPTOMS OF DEPRESSION, ANXIETY OR SUBSTANCE MISUSE ARE PRESENT, CAN THESE BE DUE TO RISK FOR PSYCHOSIS EPISODE?
ENGAGEMENT

• Engagement has a strong impact on treatment outcome for people with psychosis (Frank et al., 1989)

• Person may be very suspicious and guarded

• Encourage them to discuss what they feel is wrong and how it impacts their functioning

• Assume the person is not at their best today, remain concrete, remove judgement

• Do not fill out forms or questionnaires in front of client—rapproport is most important
PSYCHOSIS TOOLKIT

- Early psychosis intervention: What is psychosis
- The anatomy of first episode psychosis
- Myths and facts about psychosis
- Cannabis education handouts
- Psychosis 101 handout
- Screening tools
- Stages of change model for persons with mental illness / substance use
- Unhelpful thinking styles sheet (cognitive behavioral therapy)
SCREENING TOOLS

• PRODROMAL SYMPTOMS QUESTIONNAIRE
  SOURCE - WWW.DETECT.IE/M/PRODROMALSYMPTOMS.HTML

• PQ-16 PRODROMAL QUESTIONNAIRE
  LOEWY, RL & CANNON, TD
  UNIVERSITY OF CALIFORNIA
PSYCHOSIS SCREENING QUESTIONS....

**Thought disorder** – “Have you noticed a change in the way that you think slower, faster, more confused?”

**Delusions** – “Does anything unusual seem to be happening, or have you thought that strange things were happening around you, or to you??”
PARANOIA/HALLUCINATIONS

• **PARANOIA** – “HAVE YOU BEEN WORRIED THAT SOMETHING BAD MIGHT HAPPEN TO YOU, OR THAT PEOPLE HAVE TURNED AGAINST YOU IN SOME WAY?

• **HALLUCINATIONS** – “HAVE YOU NOTICED ANY NEW AND UNUSUAL EXPERIENCES – LIKE HEARING THINGS OR SEEING THINGS THAT OTHERS COULD NOT OR WHEN OTHER PEOPLE ARE NOT PRESENT?”
STAGES OF CHANGE MODEL – PROCHASKA AND DICLEMENTE

Precontemplation (unaware of the problem)

Contemplation (aware of the problem and of the desired behavior change)

Preparation (intends to take action)

Action (practices the desired behavior)

Maintenance (works to sustain the behavior change)

The Stages of Behavior Change

Sources: Grimley 1997 (75) and Prochaska 1992 (148)
PRECONTEMPLATION STAGE QUESTIONS

**GOALS:**
- Help person develop a reason for changing
- Validate the patient's experience
- Encourage further self exploration
- Leave the door open for future meetings
PRECONTEMPLATION QUESTIONS

• VALIDATE THE STUDENT’S EXPERIENCE
• ACKNOWLEDGE THE STUDENT’S CONTROL OF THE DECISION
• REPEAT A SIMPLE, DIRECT STATEMENT ABOUT YOUR STAND ON THE BENEFITS OF FURTHER MEETINGS/ TALKS ABOUT THE PROBLEM
• EXPLORE POTENTIAL CONCERNS
PRECONTEMPLATION QUESTIONS....

- ACKNOWLEDGE POSSIBLE FEELINGS OF BEING PRESSURED
- VALIDATE THAT THEY ARE NOT READY....
- RESTATE YOUR POSITION THAT IT IS "UP TO THEM" ULTIMATELY
- ENCOURAGE REFRAMING OF CURRENT STATE OF CHANGE- THE POTENTIAL BEGINNING OF A CHANGE RATHER THAN A DECISION NEVER TO CHANGE....
BARRIERS TO HELPING

• SUSPICIOUSNESS/ DISTRUST/ PARANOIA/ DELUSIONS
• DIFFICULTY KNOWING HOW TO EXPLAIN WHAT THEY ARE EXPERIENCING
• EMBARRASSMENT
• BAD EXPERIENCES IN THE PAST WITH FAMILY OR OTHER HELPERS WHEN THEY HAVE SHARED THEIR PROBLEMS
• ATTENTION AND CONCENTRATION PROBLEMS
• SUBSTANCE USE- INTOXICATION
INSIGHT AND STAGES OF CHANGE

• Person may lack insight or understanding of what is happening to them

• Most would be at pre-contemplation stage/ feeling that they do not really have psychosis but may be receptive to look at other life problems.

• How do you intervene with someone who doesn’t think they have a problem?

• How would you approach someone that presents with symptoms of psychosis but doesn’t feel like anything is wrong with them.
CASE STUDY

• A first year student comes to your office and says she hears voices that tell her she is a loser and that will be a dropout. She desperately wants to finish her exams that are scheduled this week and comes to your office crying. She relates to feeling highly anxious and stressed and is determined she will fail. The last time she came to see you she had called campus security and was arguing with them that Justin Trudeau harasses her and follows her on campus. When you bring this up, she becomes defensive and states she is upset that you and others don’t believe her and that she is not crazy!

• What are your next steps to helping this student.
TIPS.....

• Focus on what they see as goal for help today,
• Validate and empathize what student identifies as main stressor
• Offer encouragement and support
• Build rapport, build rapport, build rapport
• Do not try to rationalize at this point
• Crisis intervention and referral to GP / ED / Hospital if needed
• Refer to first episode program in your area
HELPFUL “SOLUTION FOCUSED” QUESTIONS

• ARE THERE TIMES WHEN THE VOICES DON’T HAPPEN? TELL ME MORE ABOUT THAT. WHAT ARE YOU DOING, WHO ARE YOU WITH, WHEN DOES THIS HAPPEN? (EXCEPTION FINDING QUESTIONS)

• DO YOU NOTICE A DIFFERENCE WHEN YOU SMOKE LESS WEED? WHAT’S DIFFERENT? HOW DOES THE WEED HELP YOU WHEN YOU USE IT?
SFT QUESTIONS FOR MANDATED CLIENTS

• WHAT MAKES YOUR FRIENDS OR TEACHER THINK YOU NEED TO BE HERE? WHAT DO THEY THINK IS WRONG? WHY WOULD THEY THINK THAT?

• WHAT DO YOU HAVE TO DO TO CONVINCE YOUR TEACHER THAT YOU ARE OK OR READY TO GO BACK TO CLASS? HOW CAN I HELP YOU WITH THAT?

• (SOURCE: INSOO KIM BERG- SFT THERAPY)
COGNITIVE THERAPY FOR PSYCHOSIS

• **CBT IS A RECOGNIZED AND EFFECTIVE TREATMENT FOR INDIVIDUALS WITH PSYCHOSIS**

• **VOICES**  "ARE THEY FRIENDLY, FAMILIAR TO YOU, HOW DO YOU MANAGE TO COPE WITH THEM?"

• **WHAT DO YOU DO?**  "DO THE VOICES HELP YOU OUT OR WARN YOU OF THINGS TO COME?"

• **WHAT DO YOU TELL THE VOICE?**  "VALUE OF KEEPING A VOICE DIARY."

• **PARNOID THOUGHTS**  CAN BE USEFUL – IT MAY KEEP THEM SAFE. ASK THEM WHY THE THOUGHTS ARE IMPORTANT TO THEM.

(Source: Turkington, Douglas – Back to Life Back to Normality)
HELPFUL WEBSITES

• WWW.HELPFORPSYCHOSIS.CA (EPION WEBSITE)
• WWW.PSYCHOSISSUCKS.CA
• WWW.PSYCHOSIS101.CA
• MIND YOUR MIND.CA
• WWW.SCHIZOPHRENIA.ON.CA
• WWW.CAMH.CA
• EPICANADA.ORG (CANADIAN CONSORTIUM FOR EARLY INTERVENTION IN PSYCHOSIS)