

CORE COMPETENCIES

| What Every Teacher and School Professional | Needs to Know About Psychosis and Young People

Section 1 of the “Core Competencies in Early Psychosis Intervention Series”



Washington State
Department of Social
& Health Services

Transforming lives

DSHS 22-1630 (3/16)

Early Assessment and Support Alliance Center for Excellence
December 1, 2015

Table of Contents

INTRODUCTION	1
PART I: THE VITAL ROLE OF SCHOOL PROFESSIONALS	2
Case Study: A Concerning Change	2
Psychosis is a Challenge for Young People	3
Early Intervention is Key	4
School Professionals Play an Important Role	5
PART II: UNDERSTANDING PSYCHOSIS	6
What is Psychosis?	6
Symptoms of Psychosis	6
Early Warning Signs	7
Causes of Psychosis	8
Substance-Induced Psychosis	11
Psychosis Can Be a Common Experience	12
Case Study: Going Through a Hard Time	12
What Isn't Psychosis?	12
Case Study: Talking to the Spirits	12
Case Study: A Message	14
Psychosis is Not Synonymous with Violence	14
Treatments and Medications	15
Review	15
PART III: LEARNING SUPPORT TOOLKIT	16
Strategies for School Professionals	16
Tips on Accommodations from Occupational Therapists	21
Tips on How to Be Proactive About Suicide Prevention	22
Additional Resources for Psychosis and Mental Health	23
Conclusion	24
References	25

Introduction

This booklet is designed to introduce school professionals to the *core competencies* of detection, referral, and support of students experiencing the early signs of psychosis. It aims to assist school professionals in:

- Recognizing the early symptoms of psychosis.
- Understanding the causes of psychosis.
- Utilizing a *Learning Support Toolkit* of easy-to-use student support strategies.
- Facilitating referrals to mental health resources.

“Core Competencies: What Every Teacher and School Professionals Needs to Know About Psychosis” is part of the *“Get Help Early: Early Psychosis Initiative (EPI) Packet”*. It was developed in partnership with the Early Psychosis Initiative at the Washington State Division of Behavioral Health and Recovery (DBHR) and the Early Assessment and Support Alliance (EASA) Center for Excellence at Portland State University in Oregon.

The EPI aims to promote earlier identification and treatment of psychotic disorders by increasing community awareness and education throughout Washington State. Its goals are to increase awareness of psychosis, reduce stigma, and increase early identification/referrals for young people. You can learn more by visiting their website at www.dshs.wa.gov/GetHelpEarly

EASA is a statewide network of mental health programs in Oregon that provide information and support to young people experiencing psychosis for the first time. The EASA Center for Excellence implements community action research and provides technical assistance for early psychosis program development nationwide. For more information, please visit EASA's website at www.easacommunity.org.

Special thanks and acknowledgements to Sean Roush, OTD, OTR/L, and Sue Wimmer, MS, OTR/L for their contributions to the Learning Support Toolkit. Special thanks also to Cydney Bacon, President of the Washington School Counselor Association, for her input on what school professionals may need to know.

Part I

The Vital Role of School Professionals

Case Study: A Concerning Change.

When Tasha stopped raising her hand, it came as a shock to her teachers. She had always been a bright, enthusiastic, and talkative student who loved to participate. It was even more alarming when she stopped coming to class. When the school counselor discussed these changes with her, she said, “It hurts for me to be around all the noise in classrooms. It stabs my ears and I can’t take it. I can’t focus on anything anymore.”

When the school counselor called Tasha’s parents, they reported noticing changes: “It looks like *depression*. She just sits there with no expression and stares off into nothing. But when we ask her, she says she doesn’t feel sad.”

A month later, Tasha told the school counselor that she had shut down her Facebook account because she didn’t want ISIS to track her movements. She had also been *hearing things she couldn’t explain*: a bell ringing, hands clapping, whispers, and even her name being called. The school counselor became very concerned.

“The voices weren’t a big deal. What sucked is that I couldn’t tell anyone. I didn’t want them to think I was a psycho. I started avoiding my friends because they couldn’t understand what I was going through. And that got me so down that I stopped caring about school.”

– *Early Assessment and Support Alliance [EASA] Participant*



Psychosis is a challenge for young people.

The average onset of many mental health conditions occurs in adolescence and young adulthood. This is especially true for psychosis, as psychotic disorders typically develop between the ages 15 to 30 (American Psychiatric Association, 2013).

Young people who have experienced an episode of psychosis are at higher risk for many social and economic problems. They are more likely to become socially isolated, commit suicide, drop out of school, become chronically homeless and/or unemployed, and experience multiple psychiatric hospitalizations (Nuechterlein, Subotnik, Turner, & Ventura, 2008).

These problems are not solely caused by the symptoms themselves. These young people are much more likely to encounter **stigma** and **discrimination**.

Many young people experiencing psychosis are scared to reach out for help for fear of being **labeled** and **rejected**. This can cause them to withdraw from their social supports such as friends, family and school; become isolated; and experience stressors that make their symptoms worse (Davidson, 2002).



“Because of [the] important interplay between emotional health and school success, schools must be partners in the mental health care of our children.” *President’s New Freedom Commission on Mental Health, 2003*



Early intervention is key.

Extensive research has identified two strategies that significantly increase a young person’s ability to recover stay connected:

- Early detection of the symptoms.
- Providing support before symptoms can severely impact the person’s life.

A meta-analysis conducted by the National Institute of Mental Health (NIMH) indicates that the earlier a person receives treatment and support for a mental health condition, the less likely they are to experience severe episodes and psychosocial stressors (e.g., peer rejection, dropping out of school).

Similarly, studies have shown that the Duration of Untreated Psychosis (DUP) has a profound impact on a young person experiencing psychosis’s ability to maintain their normal life path (Singh, 2007). This means that the earlier that they receive support, the more likely they to achieve their goals and to stay involved with the things that are important to them.

School professionals play an important role.

School is an integral part of young people's lives. Emerging mental health challenges in young people often manifest as problems at school such as reduced academic performance and increased problem behaviors such as truancy and increased conflict with peers/professionals. As a result, school is often where mental health needs are discovered and where support is first provided (Skalski & Smith, 2006).

Schools are an ideal setting for prevention, intervention, positive development, and regular communication between professionals and families. Abundant research has indicated that when school professionals facilitate support for mental health challenges, the prognosis for young people improves significantly (Hawkins et al., 2007; National Alliance on Mental Illness, 2015; New President's Commission on Freedom).

This means that school professionals are in key positions to detect psychosis early, assist in getting the young person support, and to make a difference.

Information on specific strategies and accommodations that school professionals can implement will be provided in the Learning Support Toolkit Section. The next section, Understanding Psychosis, will give the basic information needed to identify psychosis; understand its causes, symptoms, and early warning signs; and to differentiate between normal adolescent behavior and psychosis.

“When I had my first manic episode, I thought I was done for. But my favorite teacher told me, ‘Your diagnosis is just one part of who you are. You are much more than your label and you are not alone.’ That went deep.” – *Early Assessment and Support Alliance [EASA] Participant*



Part II

Understanding Psychosis

What is Psychosis?

Psychosis is a broad term that includes many symptoms. It is generally defined as a “loss of contact with reality” and is characterized by radical changes in behavior and functioning.

It can be helpful to think of psychosis symptoms like a headache. Like headaches, psychotic symptoms exist on a spectrum of severity and have many different causes. Some last only a short while and can be easily treated or managed. Some last for a very long time and nothing seems to make them go away. Sometimes they are barely noticeable, and sometimes they are so severe we can't get out of bed with them.

Symptoms of psychosis.

When symptoms of psychosis emerge, they are generally a noticeable and significant change for the person. The person may seem disconnected from reality. Unlike the behaviors of a youth in a subculture or social group, the young person often acts inconsistently with the experiences and behaviors of others around the individual. Psychosis symptoms can include “positive” and “negative”, and are often preceded and associated with significant cognitive changes. “Positive” means that something is added (e.g., hearing voices). Positive symptoms include:

- **Hallucinations:** Seeing, hearing, smelling, or feeling things that others cannot and that cannot be proven to be there (e.g., hearing voices, seeing shadows).
- **Delusions:** A strongly held belief that is maintained despite being contradicted by what is generally accepted by the individual and the individual's culture as rational (e.g., believing the FBI is reading your thoughts, believing you are Donald Trump).
- **Speech/thought disorder:** A person may experience changes to their speech and the way they construct sentences. Examples include frequent changes of ideas that make little sense to others (circumstantiality or tangentiality), jumbles of words (word salad), “making up words that only mean something to the speaker (neologisms) or echoing others' words (echolalia).
- **Abnormal movements and behaviors:** A person may develop unusual behaviors, movements, or mannerisms (e.g., repetitive rocking, clapping, jerky facial expressions), or may become unable to move their own body.

“Negative” means that something is taken away (e.g. loss energy, ability to express emotion). Negative symptoms include:

- **Loss of insight:** Failing to recognize that symptoms are not real. For instance, someone may hear a voice, but questions the experience and determine it's not real. This person is engaging in reality testing and still retains insight. Someone who unquestioningly believes that they are the president of Mars has lost insight.
- **Lack of facial expression** (affective flattening) or inability to detect facial cues from others.
- **Absence or restriction of speech** (alogia).
- **Difficulty initiating goal-directed behavior** (avolition).
- **Inability to experience pleasure and/or maintain social contacts** (anhedonia/asociality).
- **Inability to maintain mental focus** (attentional impairment).

When people think of psychosis, they often think of the positive symptoms. But many young adults who have experienced psychosis have described the negative symptoms as being even more problematic than the positive.



“Ever since I was a kid, I loved to paint and dreamed of being an artist. But then, one day, I picked up the brush and just stood there. I couldn’t remember how to do something I had been doing for years.”

– *Early Assessment and Support Alliance [EASA] Participant.*

Early warning signs.

The quote above illustrates a key *early warning sign* of psychosis. Early warning signs are the first indications that something is wrong. Like traffic signs, they can show us when to think about a situation, slow down, or get help if needed.

This EASA Participant describes the most common early warning sign: *a dramatic loss of functioning*. Many young people lose interest in the things they used to enjoy and lose the cognitive ability to do the things they used to be able to do. This change can be sudden or occur over an extended period.

Common early warning signs that indicate or accompany loss of functioning include:

- **Severe problems with sleep;** Many young people describe a significant loss of sleep or complete lack of sleep occurring for over two weeks as one of their first symptoms.
- **New sensory sensitivities;** Psychosis interferes with the brain's ability to filter stimuli (light, sounds, touch). Many young people describe being overwhelmed by their sensory environment (e.g., not being able to shower due to experiencing it as being stabbed by pinpricks).
- **Perceptual distortions;** In the early stages of psychosis, colors may seem extremely intense, straight lines may appear wavy or visual images such as faces may become distorted.
- **Cognitive decline;** The person's normal ability to think critically, pay attention, and use developed skills may decrease significantly. The person may become confused and disoriented more quickly, and unable to follow complicated sequences (e.g., obeying multiple instructions).
- **Severe problems with eating and hygiene;** Because of many factors including sensory sensitivity, cognitive decline, and symptoms, meeting basic needs can become challenging.
- **Loss of affect;** As described before, a negative symptom is the “flattening” of emotion. People experiencing psychosis may lose their facial expressiveness and ability to feel emotion. This can appear similar to depression. A key difference is that the person generally does not report feeling depressed.
- **Anhedonia, or loss of ability to enjoy things previously found enjoyable;** Similar to loss of affect, the person's ability to feel pleasurable emotions becomes impaired. The motivation to engage in activities that were once enjoyable therefore decreases.
- **Social isolation;** Fear of stigma, anhedonia, and experiencing symptoms such as paranoia often cause the person to withdraw and become socially isolated from their friends and family.
- **Fearfulness;** Individuals experiencing psychosis may become frightened of normal situations with no apparent reason. It is important to assess for real threats such as bullying which may underlie this change in behavior.
- **Significant and bizarre changes in behavior or speech content.**
- **Statements to others such as “I think I’m going crazy” or “My brain is playing tricks on me.”**

These warning signs do not always indicate psychosis. Stress, grief, and depression, for example, can cause very similar experiences. If a young person displays three or more of these signs for over two weeks, it is important an evaluation may be needed.

Causes of psychosis.

It is important to understand that psychotic symptoms are like headaches in that they are caused and exacerbated by many factors. Therefore, it is important to seek a professional assessment and not to jump to conclusions about the cause or diagnosis. Common causes include:

- **Medical conditions;** A wide variety of medical conditions such as frontal lobe epilepsy, other seizure disorders, migraines, strokes, brain injuries, and some immunological disorders can cause psychosis. Important: always refer a person experiencing *psychosis to a medical professional in order to rule out a medical cause*.
- **Substances;** Many pharmaceuticals and illegal drugs can cause or exacerbate psychosis. Examples include methamphetamines, steroids, and cannabis. This is also true for withdrawal from substances such as alcohol or opiates.
- **Sleep deprivation;** Regularly getting less than six hours of sleep can independently cause psychosis and/or exacerbate pre-existing psychotic conditions.
- **Severe stress;** Extreme and prolonged exposure to stress, such as that experienced by victims of *bullying*, can independently cause psychosis or worsen existing symptoms.

It is important to note that the causes above are not related to specific mental health conditions. In fact, persistent psychosis related to mental health conditions, such as psychotic or mood disorders, is relatively rare. The lifetime prevalence of schizophrenia, is only .5 to 1% of the population (American Psychiatric Association, 2015).

This means that when school professionals encounter students experiencing psychosis, it is statistically more likely that the symptoms are related to a cause other than a true psychotic disorder.

Mental health conditions that are associated with psychosis include:

Major Depressive Disorder with Psychotic Features. Experiencing one or more Major Depressive Episode can result in psychosis, although rarely. Often, these psychotic symptoms are congruent to the person's mood. A depressed person who is feeling suicidal, for example, could hear voices telling them to kill themselves. Depression and depressive psychosis can occur at any point throughout the lifespan.

Posttraumatic Stress Disorder (PTSD). PTSD can occur after a person has experienced or has had prolonged exposure to extreme stressors (e.g., witnessing a violent accident, being abused by a caretaker over a long period of time). Symptoms can include intense nightmares, flashbacks, and psychotic symptoms.

Psychosis related to PTSD tends to reflect the trauma that the person experienced (e.g., hallucinating the accident happening again over and over). This type of psychosis is generally more resistant to medications and responds better to sensitive psychosocial interventions such as social support and/or trauma-informed counseling.

Autism Spectrum Disorder (ASD). People with ASD may have symptoms of psychosis that typically begin at a young age and are persistent throughout their development. These symptoms often manifest as intense fantasy worlds, imaginary friends, hypo- or hyper-reactivity to sensory stimuli (e.g. feeling as if lights are stabbing eyes), and fixed preoccupations that may resemble or translate to delusions in their extremity.

Bipolar I with Psychotic Features. This type of bipolar I disorder is marked by psychosis. First episodes of manic psychosis typically occur in early adulthood (around age 20). The psychotic symptoms are often related to *mania*. Mania is defined as a “distinct period of abnormally and persistently elevated, expansive, or irritable mood and persistently increased goal-directed activity or energy” (American Psychiatric Association, 2013, p. 124).

This mood disturbance is severe and can greatly impair functioning (e.g., having insufficient to no sleep for days or weeks.) People with manic psychosis may experience hallucinations, delusions, sensory sensitivity, and high impulsivity.

Their psychotic symptoms are often grandiose in nature (believing that they are invincible, immortal, have special powers, that they do not need to eat or sleep). Psychotic episodes are typically intermittent with a return to baseline functioning.



Schizophrenia; Schizophrenia is believed to be a brain disorder and affects language, emotion, reasoning, behavior, and perception (American Psychiatric Association, 2013). The onset of schizophrenia typically occurs in adolescence or early adulthood (averaging mid-20's for men and late 20's for women). As early psychosis intervention becomes more readily available, it is not uncommon to identify the early symptoms of psychosis in youth as young as 15, and sometimes younger.

People with schizophrenia usually do not have a history of psychosis prior to the onset. The initial period consists of a dramatic change in functioning and a marked cognitive decline (e.g., a student suddenly finds him or herself unable to focus in class or comprehend schoolwork).

The person loses motivation and interest in activities previously found enjoyable. Affect can become blunted or flat with little or no facial expression, and speech can become jumbled, incoherent, and disorganized.

Psychotic symptoms are varied and can consist of hallucinations (most frequently auditory), delusions, and abnormal movements such as repetitive rocking and pacing. Delusions are typically incongruent to mood and bizarre, meaning it is impossible for them to occur in reality (e.g., believing they are controlled by aliens).

A key feature of schizophrenia is *anosognosia*, or loss of insight. People diagnosed are more likely to believe that their symptoms are part of reality and to not believe that they have schizophrenia. Psychosis is commonly persistent and can occur over a long period of time.

Schizoaffective Disorder; A person with schizoaffective disorder has “an uninterrupted period of illness during which there is a major mood episode (major depressive or manic) concurrent the [main criterion] of schizophrenia” (American Psychiatric Association, 2015). Delusion or hallucinations must be present for two or more weeks in the absence of the major mood episode. The symptoms that meet major mood episode criterion must be present for most of total duration of the illness, including active and residual.

Other psychotic disorders; A number of other psychotic disorders, such as Brief Psychotic Disorder, Other Specific Psychotic Disorders, and Delusional Disorder, are detailed in the Diagnostic and Statistical Manual of Mental Health Disorders 5th ed. (DSM-5).

Substance-induced psychotic disorders; Substance-induced psychosis is becoming more common. With the increasing prevalence of psychosis-inducing substances (such as marijuana and synthetic drugs like bath salts) among young adults, there is a growing likelihood that the average young person may at some point experience symptoms (National Institute on Drug Abuse, 2014).

One of the most difficult questions in determining the cause of psychosis is whether the symptoms are a result of substances or mental health conditions. This is made especially complicated by the fact that with people with mental health conditions are more likely to use substances, many of which can exacerbate psychotic symptoms (Gregg, Barrowclough, & Haddock, 2007).

In people who do not have underlying psychotic conditions, the psychosis first occurs during or for a certain period after the substance use. Symptoms are typically resolved when the substance use ceases.

However, prolonged exposure to substances such as methamphetamines can result in persistent long-term psychosis that can appear similar to a psychotic or bipolar disorder.

Some substances known to induce psychosis include:

- Cocaine
- Methamphetamines
- Prescription drugs in the amphetamine class (Adderall, Ritalin)
- Other stimulants
- Alcohol (acute intoxication or withdrawal)
- Opiates (withdrawal)
- Marijuana
- Synthetic marijuana (K2 or spice)
- Hallucinogens
- Dextromethorphan (DXM) at high doses
- MDMA (ecstasy)
- Phencyclidine (PCP)
- Synthetic cathinone (bath salts)
- Antipsychotics (in idiosyncratic reactions)

Psychotic symptoms are common.

Many people may experience psychotic symptoms (like seeing shadows or hearing voices). While these experiences can sometimes be frightening or disturbing to the individual, they are able to **reality test** (check to see whether their experiences are real) and **have insight** (are able to ascertain that their symptoms are not real). The psychotic symptoms also tend to be **transient**, meaning they are short-term and temporary.

Case Study: Going Through a Hard Time.

Trevor was going through a rough time. His parents had just divorced, he was getting picked on at school, and he could barely sleep at night. This had been going on for weeks when he started seeing shadows in the corners of his eyes. When he tried to look at them, they disappeared. In the middle of the night, he even thought he heard his name being called.

"I know these things aren't real, but I don't know why this is happening to me," he thought to himself. "Am I going crazy?"

In this example, Trevor is most likely experiencing psychotic symptoms that are a **normal reaction** to extreme stress. This doesn't mean these symptoms shouldn't be a cause of concern. Trevor could still benefit from support in school or mental health treatment. But in his case, these symptoms will most likely diminish if his psychosocial stressors lessen (if he were to stop getting picked on at school, could get more sleep, etc.).

What *isn't* psychosis?

Psychosis is different from having a belief system or holding views that are outside of what is considered the norm. When defining psychosis, it is particularly important to be **culturally sensitive**. In other words, it is important to be aware and respectful of each person's cultural background and how it shapes their perceptions and beliefs (Zhu, 2011). Consider the following example:

Case Study: Talking to the Spirits.

Alang is the granddaughter of Vietnamese Hmong (an ethnic group found throughout many parts of Asia) immigrants to the U.S. She practices the religion of Animism and believes that all objects and plants have souls. She believes that her dead grandmother's soul inhabits a tree in her backyard and will often speak with it. She finds this very comforting.

It would not be culturally sensitive to consider Alang's belief system as part of psychosis. When defining psychosis, it is important to ask three key questions:

- 1) Do the person's beliefs and experiences make sense within the context of their unique background and culture?
- 2) Do the beliefs or experiences cause the person distress or harm?
- 3) Do the belief or experiences interfere with the person's daily functioning (going to school, working, etc.)?

In order for something to be defined as psychosis, it should cause significant distress or harm, should interfere with the person's daily functioning, and should not make sense within the person's cultural context. Another example. Let's say Miguel suddenly starts calling himself a vampire. He drinks blood (AKA tomato juice), skips class, and hangs around other teenage vampires. Is he experiencing psychosis?

Derek's experience would not be considered psychosis because it does not cause distress and interfere with functioning. In fact, his experience was helpful and positive for him.



Consider another example:

Case Study: A Message.

Derek received a phone call from his dad in the middle of the night. His dad told him that everything was okay and that they would see each other again someday. The next day, Derek learned that his dad had died suddenly many hours before he had received the phone call. He strongly believed that the phone call was a message from the afterlife, which gave him hope and sense of closure.

Derek's experience would not be considered psychosis because it does not (a) cause distress and (b) interfere with functioning. In fact, his experience was helpful and positive for him.

Psychosis is not synonymous with violence.

A common misconception that contributes to the stigma surrounding psychosis is that it is synonymous with violent or “psychopathic” behavior. Most people who experience psychosis do not act out aggressively or commit crimes. Similarly, the majority of people who commit violent acts are not psychotic. Anger, substance use, and access to firearms are far more highly correlated with violence than psychosis (Skeem et al., 2015).

In fact, numerous studies have indicated that people experiencing mental health challenges are far more likely to be victims of violent crimes than perpetrators (Appleby et al., 2001; Hiday et al., 1999).

Finally, in the majority of cases where psychosis has been associated with violence, the psychotic symptoms are caused or exacerbated by substance use. Drugs such as meth are responsible for much higher violent incident rates than mental health conditions like schizophrenia (Skeem et al., 2011).

However, people with psychosis are at increased risk for harm to themselves.

Again, most people with psychosis do not commit violent crimes. But they are often faced with the loss of social support and disconnection from the community, the pain and confusion of experiencing symptoms, and the trauma of, as one young person put it, “losing everything that made me who I was.”

These painful experiences put young people experiencing psychosis at increased risk for depression, suicide, and self-harming behaviors. Suicide, in fact, is the leading cause of mortality for people with schizophrenia.

The young person's support system – including school professionals – can make a difference by being proactive in their approach to suicide prevention. The Learning Support Toolkit section includes specific strategies on how to be proactive.

Treatment and medications.

Treatment for psychosis generally includes a combination of counseling, medical care including targeted use of medicines, illness education for both the person and family, and support focused on maintaining developmental progression and functioning.

While medications are an essential part of psychosis treatment in many cases, the efficacy of antipsychotic medications in treating psychosis is highly individualized. Each person reacts to medications differently. Where medications can be very effective for one individual, they may do nothing or even be harmful for another. Side effects can be a major concern for individuals using antipsychotics. Most are temporary and minor. But some can be serious, including but not limited to:

- Severe weight gain.
- Increased likelihood of diabetes.
- Increased risk of chronic heart conditions such as cardiac arrhythmia.
- Increased sedation (“feeling like a zombie”).
- Sudden cardiac death.

Antipsychotic medications are more likely to treat the positive symptoms of psychosis, but are largely ineffective in treating the negative (Finkel, Clark, & Cubbedu, 2009).

It is essential that decision to take medications, and which medications to select occur between the individual and their medical provider. Individuals and their family members are encouraged to collaborate with these professionals and individually decide whether the benefits of medication use outweigh the potential risks.

It is strongly recommended that advice on medication use and adherence is made only those who are professionally qualified to do so.

Review.

- Psychosis includes many different symptoms and has many causes.
- In determining what is psychosis and what isn't, it is important to ask:
 - Does it make sense within the person's culture?
 - Does it cause harm or distress?
 - Does it interfere with daily functioning?
- Psychosis symptoms are common and can be normal. But sometimes, they are warning signs for a serious condition.
- Always refer someone experiencing early signs of psychosis to their doctor to rule out medical causes.
- Early warning signs are the first indications of psychosis.
- The earlier school professionals and other support systems can detect the early warning signs and intervene, the better the prognosis.
- Psychosis is not synonymous with violence.
- Medications work differently for each individual and can have severe risks. Only qualified professionals should give medication advice.

The earlier school professionals and other support systems can detect the early warning signs and intervene, the better the prognosis.



Part III

Learning Support Toolkit

Strategies for school professionals.

This section is designed to assist professionals in translating the information from “Understanding Psychosis” to effective detection and support strategies. There is no one-size-fits-all model to early psychosis detection and providing support. Every school system works with different resources. Luckily, even small steps can have an impact.

Some students will need accommodations and some will not or may not be open to talking about their needs. It is vital to respect the young person’s choices and decision-making power in determining their own support and treatment – or lack thereof.

Educate.

There is a growing need for education on psychosis as its prevalence increases among young people. Schools are where youth receive the knowledge that shapes their perceptions and helps develop their opinions and attitudes. This makes it an ideal setting to provide education on mental health challenges like psychosis. School professionals can make a tremendous difference just by raising awareness.

Raising awareness is an invaluable tool for combating stigma and dispelling common myths (e.g. people with psychosis are violent). It encourages young people to speak honestly about their experiences with psychosis and to seek help when needed.

Evidence can be found in depression awareness campaigns for youth, the like the Adolescent Depression and Awareness Program (ADAP) at the Johns Hopkins School of Medicine (the entire curriculum can be accessed from their website at www.hopkinsmedicine.org). Numerous studies have supported that when curriculum on depression is presented in schools, young people are more likely to seek treatment, seek treatment earlier, and reach out to family and friends for support (Swartz et al., 2007; Ruble, et al., 2013).

Steps to educate can include:

- **Use and distribute materials** such as those presented in this booklet and the “Get Help Early” packet.
- **Provide information** to students, families, and colleagues, and community partners.
- **Integrate curriculum** on psychosis into class curricula – it can be as simple as simple one-day info session.
- **Learn more about psychosis.** You can check out the “Learn More” resources at the end of this booklet.

Partner.

Schools can seek out resources in their communities to support students with psychosis. Many schools partner with local mental health agencies and/or providers to facilitate referrals and to integrate support.

An example of integration is school-based clinics. These can specialize in mental health or integrate mental health specialization into a general healthcare model. Schools hire or contract with mental health professionals to build clinic staff (often collaborating with school counselors or medical specialists).

These clinics have a number of advantages, such as providing a consultation base for teachers and increasing for accessibility to youth and families. One study suggested that students are 21 times more likely to seek help at school-based clinics than community mental health settings. Many reviews of the literature indicate these clinics reduce problematic behaviors in classrooms and decrease teachers’ stress (Chamberlin, 2009).

Clinics are just one possibility. Steps to partner can also include:

- **Assess resources;** Determine what levels of mental health integration and partnership are reasonable given your school’s infrastructure and availability of resources.
- **Get to know the community;** What mental health or learning supports are available to you? These can include hospitals, mental health agencies, private practitioners, non-profit organizations, private businesses, government, etc. Organize a list of these local resources and make them available to staff, students, and families.
- **Consider funding strategies;** State and nonprofit grants, donors, and partnerships with local hospitals and public health departments often support mental health services such school-based clinics or education and awareness programs. There may be financial assistance your school can receive from one of these sources. You can apply for a grant from the Substance Abuse and Mental Health Administration (SAMHSA) at www.samhsa.gov/apply.

- **Diversify partnerships.** Learning support for mental health issues can come from a variety of professionals. These can include (but are not limited to):
 - Medical providers
 - Psychiatrists and psychiatric nurse practitioners
 - Psychologists
 - Mental health counselors
 - Marriage and family therapists
 - Supported employment specialists (support people with disabilities in career planning and job obtainment)
 - Supported and special education specialists (support students with disabilities in academic accommodations and achievement)
 - Occupational therapists
 - Advocacy groups (e.g., National Alliance on Mental Health [NAMI])
 - Youth groups and organizations

Identify.

School professionals who have a basic understanding of psychosis are in a prime position to recognize the early warning signs. Through identification, they can help students experiencing psychosis and families receive the support they need.

This booklet should prepare professionals with the first steps towards psychosis identification. Recommendations towards identification can include:

Watch for warning signs and intervene; When early warning signs have been observed for over one to two weeks, meet with the student and encourage them to share their reasons for the change. Try to approach in a way that is caring and nonjudgmental.

Example: “I noticed that you stopped doing the reading, and this is very new for you. You also don’t seem to talk with your friends in class anymore. You’re not in trouble - I’m just concerned. Are you okay telling me what’s going on?”

Speak with friends and family members; As discussed before, a key feature of psychosis is the loss of insight. A young person is likely to not know if they are experiencing psychosis. You may be more likely to get accurate information from people who know the young person well.

But, respect privacy and share with caution; It is generally better to not give specific information and to ask open-ended question. This is to protect the young person’s privacy and their general safety.

Example: “Have you noticed anything different with Matt?” vs. “Do you think Matt is psychotic?”

Refer.

When the early warning signs have been identified, it is important that the student and his or her family receive a referral to support as soon as possible. Early psychosis intervention programs will normally provide free consultation and problem solving when you are in doubt about whether or how to engage the person in care.

School counselors and school psychologists are often the first professionals that students with mental health challenges are referred to, and can help navigate additional community resources. There are a variety of clinical tools that these professionals can use to identify and diagnose psychosis (e.g., the Structured Clinical Interview for DSM-5). An assessment from a school counselor can determine the level of support and referral that will be needed for the student.

In Part II: Understanding Psychosis, this booklet discussed the difference between when psychosis is common/normal and when it is problematic. If a student's symptoms are not causing them harm or impeding their functioning, then they may not require a higher level of support. However, because the cost of medical and mental conditions related to psychosis can be high, it is always better to refer to medical or mental health services when in doubt.

Steps towards facilitating appropriate referral can include:

Use established partnerships; Knowing community resources and forming partnerships provides the advantage of a referral base. Consider what resources would best fit the students' and families' needs. Get in contact with these partners and ask them what their specific referral requirements are. Compile this information and make it available to students, families, and colleagues (e.g. brochures, posters, hand-outs).

Support the student and family in making the referral; Connecting with mental health and other relevant services can be challenging for young adults and their families. Professionals can provide an invaluable service by assisting them in navigating the referral process.

Ask for releases of information; Releases of information (ROI's) legally permit school professionals to share relevant content with other professionals. In order to respect confidentiality, it is important to ask the students and families what information they are comfortable having shared and to explain the reason for the ROI.

Coordinate care; If the student and family agree to sign ROI's, then school professionals can greatly assist mental health services by sharing relevant information on behalf the student and family. This collateral data can assist mental health professionals in formulating correct diagnoses and appropriate treatment plans.

Accommodate.

The recovery of young people experiencing psychosis is greatly improved when they remain connected to their community and normal life paths (i.e., how their life would be lived without the illness). School is a vital part of this connection.

School professionals can think about how to create an environment that is aware of the needs of these young people. As discussed in Part II, many students with psychosis face significant academic challenges. These challenges can require accommodations to help the student succeed in school. An accommodation is the removal of a barrier to full participation and learning.

General strategies for accommodation can include:

Avoid attributing the illness to behavior; Young people experiencing psychosis and other mental health challenges typically undergo dramatic changes in their brain functioning and cognitive abilities. What may appear to be a behavioral problem may be due to these changes. School professionals can accommodate by being aware and sensitive to these issues. It may be helpful to speak with the student and the family to get a sense of what their specific challenges are.

Example: A student experiencing psychosis wears sunglasses to class. The teacher understands that this is because the student has overwhelming light sensitivity and the glasses help them to filter out distracting stimuli. When other students ask, the teacher explains that it helps the student to do their work.

Avoid arguing with delusions; Delusions are generally fixed, meaning they are extremely difficult to change. If a young person shares their delusions with you, it is a sign of their trust, and arguing may only shut them down. A strategy for reacting to delusions is to validate the person's emotions but not the delusional content itself.

Example: "I can see how much thinking about FBI surveillance frightens you, and I'm glad you shared how scared you are with me. What can we do to help you feel safe?"

Participate in Individualized Education Plan (IEP) meetings; IEPs are written statements of educational programs designed to meet students' needs. They often involve multidisciplinary team meetings that can include teachers, parents, special education administrators, mental health professionals, and the student themselves. For students with psychosis, IEPs can be an invaluable method of coordinating accommodations and keeping everyone on the same page.

Example: During an IEP meeting, a student discloses how difficult it is for them to move through hallways during classes. She starts class stressed out and unable to focus because the noise, lights, and crowds. The teachers present agree to let her out five minutes before the end of class to reduce her stress. The administrators inform the rest of the student's teachers to get everyone on board.

Individualize; Psychosis is different for each person. A key component to successful learning support is individualizing the accommodations.

Let the young adult be the leading force in determining their accommodations. This helps them to feel empowered and increases their likelihood of participation.

Approach from a strengths perspective; This means emphasizing the students' skills, strengths, and capabilities rather than their limitation. Ask: What are the young person's goals and interests? How can accommodations work to support these?

Tips on accommodations from occupational therapists.

Occupational therapists on the EASA teams have compiled this list of strategies they commonly use with young adults with psychosis. These tips may not be appropriate for every student, but can be a useful starting point for brainstorming what will fit every student's unique individual needs.

General strategies.

- Giving the student extra time to complete work.
- Reduction of distractions (segregated testing) when concentration is needed (tests, individual work, etc.).
- Giving the student a modified schedule (half day, break between classes, etc.).
- Note takers for the student or notes provided by the instructor so that the student can focus on what's being said rather than taking notes during lectures.
- Getting instructions in multiple formats (written and verbal).
- Having a plan for the student to take a break if needed (go to the library, study hall, etc. and then return when able).
- Alternative formats for assignments that may involve presentations to the class or public.
- Recording class lectures and instructions for review after class.
- Assistance with prioritizing assignments and planning for completion.

Sensory strategies.

- If the student has low sensory registration (difficulty concentrating without sensory input) then using headphones or allowing gum chewing/hard candies during work time can be helpful.
- Let the student sit in front of room to block out noise and distractions.
- Let the student take walk breaks when needed – a couple of laps around the halls, gym, etc.

Tips for students.

- Use a water bottle with a spout or straw that you have to suck on
- Use hand fidgets- squeeze balls, small puzzles that twist, erasers, koosh balls, rubber bands, etc. – anything that does not make a noise, can be manipulated, and is selected by the youth.
- Sketch or doodle when appropriate.
- Using gum or hard candy to suck on – intense flavors are alerting.
- Try to include a physical activity class around midday each day.

Tips on how to be proactive about suicide prevention.

Young adults experiencing psychosis are at higher risk for suicide. School professionals can be proactive about prevention by:

- **Spread awareness;** Share the knowledge about the higher risk of suicide for younger people with psychosis. Speak with teachers and family if appropriate.
- **Reach out;** Be honest about your concern and let the young person know they have someone to reach out to.
- **Be open;** Suicide and suicidal thoughts occur when a person's stress outweighs ability to cope. Many people, however, stay quiet because they are afraid of scaring others or being labeled abnormal. By being open and nonjudgmental, you can encourage the young person to share honestly.
- **Ask about plans and means;** Ask if the person has a specific plan for suicide and consider their access to means (such as weapons or medications with potential for overdose).
- **Take preventative steps;** If the person has plans and means, it means they are higher risk. Inform the person's support system. Encourage steps to limit the access to means (locking up firearms and medications).
- **Help the person feel accepted and connected;** The Center for Disease Control (CDC) identified social connectedness as a key factor in suicide prevention (2014). The more a young person is aware of people who are accepting of and considered about them, the more their risk is reduced.

Additional resources for psychosis and mental health.

- **DBHR's website: www.dshs.wa.gov/GetHelpEarly;** Features facts on psychosis, list of common symptoms, how to find help, tools such as videos from people with lived experience, and local resources within Washington State.
- **New Journeys Early Intervention Project at www.cwcmh.org/yakima-valley-mental-health-first-episode-psychosis.php;** Washington State and Central Washington Comprehensive Mental Health have partnered to implement a First Episode Pilot Program (New Journeys) in Yakima County. New Journeys offers integrated services for young adults who have experienced a first episode of psychosis in the last 12 months. They also provide free consultations and information.

- **The EASA website at www.easacommunity.org;** Includes information on psychosis; the EASA programs; resources for young adults, families, allies, and professionals; lists of crisis and program contacts; information on EASA's Young Adult Leadership Council.
- **The Early Intervention for Psychosis Program Directory;** A directory featuring all of the known early intervention for psychosis programs (75+) in the U.S., periodically, is available to download through the EASA website.
- **The National Psychosis Prevention Council at www.psychosisprevention.org;** An advocacy/awareness group of young people who have experienced psychosis and their allies. This website also includes a map of early intervention programs in the U.S.
- **The National Institute of Mental Health (NIMH) website at www.nimh.nih.gov;** has much relevant information about mental illness and about recent studies such as RAISE (Recovery After an Initial Schizophrenia Episode) Study.
- **The National Alliance on Mental Illness (NAMI) at www.nami.org;** NAMI is the nation's largest mental health grassroots organization. They provide support groups and advocacy services across the country, and work to raise awareness and combat stigma on mental health issues.
- **Help When You Need It at www.helpwhenyouneedit.org;** Help When You Need It is an invaluable tool to finding mental health and other resources (food pantries, housing assistance programs, VA, women's shelters, and many more) in your area. It has over 350,000 listings nationwide. Enter your zip code and find out what's near you.
- **Youth Mental Health First Aid at www.mentalhealthfirstaid.org;** Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. They offer classes and trainings throughout the U.S. You can go to their website to find the trainings nearest to you.
- **Healthy Safe Schools at www.healthysafeschools.com;** The Healthy Safe Schools website provides information to help the community and schools identify and implement effective programs and practices. Within the website you can find helpful resources, templates, school information and more.

Conclusion.

Thank you for reading "Core Competencies: What Every Teacher Needs to Know about Psychosis and Young People." The content of this booklet reflects the EASA philosophy that every young person experiencing psychosis has the potential to reach their goals and their unique definition of recovery. Thank you for significantly increasing their chance of getting the right support at the right time.

For questions, concerns, or more information, please contact the Washington State Division of Behavioral Health and Recovery, Children's Mental Health Program, at 1-877-301-4557.

Psychosis can be treated.

Learning all you can about psychosis types, causes, early intervention and treatments will help determine what works for you.

Visit **www.warecoveryhelpline.org** if you think a problem might exist and to find out how to get help for yourself or others.

Washington
Recovery Help Line
24-Hour Help for Substance Abuse, Problem Gambling & Mental Health
1.866.789.1511
(206.461.3219 TTY)

Get help early.

Learn more at **www.dshs.wa.gov/GetHelpEarly**



Other Mental Health Services for Children in Washington State

Mental health services for children and youth are available through community mental health agencies and licensed therapists. Public system resources and plans can be seen at the Washington State Health Plans website: <http://www.hca.wa.gov/Pages/index.aspx>

All children and youth with Medicaid can receive a mental health assessment through a community mental health agency, and can receive other needed services through a Behavioral Health Organization (BHO). Services are generally provided at the mental health agency, in your home, or at other locations in your community. To find a service location:

Call the BHO that serves the county you live in and ask for the name and phone number of the mental health agency in your area. BHO website: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/signs-early-psychosis>

- Call the mental health agency for an appointment.
- The agency may do a screening over the phone and schedule an intake appointment.

There is no cost for services provided to Medicaid families, and small fees for low income families on Washington State Health Plans. Other health plans offer different premiums and fees for services. Some services at community agencies are provided on sliding-fee scales, or may offer reduced costs with private support or help from organizations like United Way.

Private health insurance company plans usually have lists of their counseling providers available by phone or through their internet site. Online and printed telephone directories have lists of counselors and mental health agencies in the counseling section or community services pages.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Chamberlin, J. Schools expand mental health care. *American Psychological Association Monitor*, 40 (1), 64. Retrieved from: <http://www.apa.org/monitor/2009/01/school-clinics.aspx>
- Davidson, M. (2002). What else can we do to combat stigma? *World Psychiatry*, 1 (1), 22-23. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489819/>
- Finkel R., Clark M.A., Cubeddu L.X. (2009). *Pharmacology* (4th ed.). Philadelphia: Lippincott Williams & Wilkins. ISBN: 9780781771559.
- Gregg, L., Barrowclough, C., & Haddock, G. Reasons for increased substance use in psychosis. *Clinical Psychology Review*, 27, 494-510.
- Hawkins, J.D., Smith, B.H., Hill, K.G., Kosterman, R., Catalano, R.F., & Abbott, R.D. (2007). Promoting social development and preventing health and behavior problems during the elementary grades: Results from the Seattle Social Development Project. *Victims & Offenders*, 2 161-181.
- National Institute on Drug Abuse. (2014). DrugFacts: High School and Youth Trends. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/high-school-youth-trends>
- National Alliance on Mental Illness. Teens and Young Adults. Retrieved from <https://www.nami.org/Find-Support/Teens-and-Young-Adults>
- National Institute of Mental Health. (2005). Mental Illness Exacts a Heavy Toll, Beginning in Youth. *Press Release*. Retrieved from <http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>
- New Freedom Commission on Mental Health. (2003). Achieving the Promise: Transforming Mental Health Care in America. Final Report. *DHHS Pub. No. SMA-03-3832*. Rockville, MD: 2003.
- Nuechterlein, K.H., Subotnik, K.L., Turner, L., Ventura, J. Individual placement and support with recent-onset schizophrenia: integrating supported education and supported employment. *Psychiatric Rehabilitation Journal*, 31 (4), 340-349.

Ruble, A.E., Leon, P.J., Gilley-Hensley, L., Hess, S.G., Swartz, K.L. Depression knowledge in high school students: effectiveness of the adolescent depression awareness program. *Journal of Affective Disorders*, 150 (3), 1025-1030. doi: 10.1016/j.jad.2013.05.033

Singh, S. P. (2007). Relevance of duration in untreated psychosis. *British Journal of Psychiatry*, 190 (50). doi: 10.1192/bjp.191.50.s58

Skeem, J., Kennealy, P., Monahan, J., Peterson, J., Appelbaum, P. (2014). Psychosis uncommonly and inconsistently precedes violence among high-risk individuals. *Clinical Psychological Science*. doi: 10.1177/2167702615575879

Swartz, K.L., Kastelic, E.A., Hess, S.G., Cox, T.S., Gonzales, L.C., Mink, S.P., DePaulo Jr, J.R. The effectiveness of a school-based adolescent depression education program. *Public, Environmental & Occupational Health*. doi: 10.1177/1090198107303313

Centers for Disease Control and Prevention. (2014). Strategic Direction for the Prevention of Suicidal Behavior: Promoting Individual, Family, and Community Connectedness to Prevent Suicidal Behavior. Retrieved from: <http://www.cdc.gov/violenceprevention/suicide/prevention.html>

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general*. Rockville, MD: Author.

Zhu, H. (2011). From intercultural awareness to intercultural empathy. *English Language Teaching*, 4 (1). Retrieved from www.ccsenet.org/journal/index.php/elt/article/viewFile/9671/6919

