Family Psychoeducation

A Part of the FIRST Coordinated Specialty Care for First Episode Psychosis (FIRST) Program

Adapted from the

Family Education Program

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Clinician Manual

The FIRST manuals are intended to be used in concert with the comprehensive training, consultation and technical assistance services provided by the Best Practices in Schizophrenia Treatment (BeST) Center at Northeast Ohio Medical University.

FIRST manuals have been adapted and produced by the BeST Center.

FIRST Family Psychoeducation handouts have been translated into Spanish and are included at the end of this manual. It is important that these handouts be used and distributed only by a clinician trained in FIRST who is comfortable conducting family sessions in Spanish. Please donot reproduce without permission.

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Introduction to FIRST Family Psychoeducation

The FIRST program is a comprehensive treatment program for people who have had a first episode of psychosis. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and get their lives back on track. More broadly, the FIRST program helps people in FIRST navigate the road to recovery from an episode of psychosis, including getting back to functioning well at home, work, and in the social world. This manual focuses on the Family Psychoeducation (FPE) Program and how to implement it.

Within the FIRST program, "family" is a broad term used to include any identified support person (e.g., blood relatives, spouses or significant others, friends). Families typically respond with a variety of emotions when their loved one develops a psychotic illness—they want to help improve the situation, but they are usually bewildered, confused, and frightened. Many may feel angry or disbelieving about the situation. A small, but not insubstantial number, may have prior experience of psychotic illness with other family members, and may feel hopeless or discouraged about the illness in another loved one. Regardless of the family's response, the family clinician always has two objectives in every interaction—1) to reduce relative burden and 2) help the family build on their strengths to create and maintain an environment to support the person's recovery. To meet these objectives, the family clinician must help the family cultivate the necessary knowledge base, attitudes, and skills to cope effectively with the situation and support the person's progress; this is the work of the family services component of the FIRST program.

Philosophical Foundation of Family Work in FIRST

Why Involve Families In Care?

A first episode of psychosis can have a devastating impact on families, but people in FIRST who maintain relationships with their families and have them involved in their care tend to have better outcomes (Brekke and Mathiesen 1995; Clark 2001; Evert, Harvey et al. 2003). However, tense, conflictual family relationships are often associated with worse outcomes (Leff and Vaughn 1985; Butzlaff and Hooley 1998). Thus, shoring up the family's ability to support the recovery of the person in FIRST is most often the treatment goal. There are occasional times when a treatment team may have reservations about involving a family member in care because of concerns that the family member has a negative impact on the person in FIRST. Nevertheless, it is important to recognize that, in many of such cases, the family member still has an impact on the person in FIRST whether or not the family clinician develops a relationship with him or her. Thus, developing an alliance between the treatment team and the family member is often in the person's best interest as it can be used to improve their relationship, and the ability of the family member to support the person's participation in treatment.

It is important to remember that families come in all kinds of constellations and it is up to the person in FIRST to define who the important "family" is for them. For most persons experiencing a first episode of psychosis, this involves someone from their family of origin (typically a parent or step-parent), but for others it may be a sibling, partner, or friend. The person in FIRST should be queried at the beginning about who should attend family sessions as his/her supporters; if the person is living with any kin and/or having frequent contact, it is optimal for those individuals to be involved as they will likely have a significant role in the person's recovery. Most often, one of the family members identified to participate in the program will also serve as an important support person in the other parts of the FIRST program.

Managing Relapses

In spite of everyone's best efforts, relapse after a first episode psychosis happens. The family clinician must take a thoughtful stance in discussing relapses. While avoiding relapses can be a potent motivator for program participation, emphasizing this benefit may lead to the unfortunate consequence that relapses/hospitalizations are considered "failures." The family clinician should work proactively to counter this thinking. While relapses are certainly unfortunate, by examining the circumstances in which they occurred, they provide the person in FIRST and his/her family members the opportunity to learn more about what is needed to secure stability.

People in FIRST and their families are encouraged to remain in the FIRST program. As soon as possible after a discharge from a relapse/hospitalization, the clinician and family (including the person) should meet to process the relapse. The clinician should inquire into how everyone is coping and be sympathetic and supportive; each family member should be given the opportunity to air his/her concerns. The relapse prevention sheet should be completed or reviewed and updated with any newly acquired information, and the clinician should also ask the members if there is anything the treatment team could have done differently to help manage the crisis. The clinician must be prepared for family members to be discouraged about the relapse, particularly if it appeared that all family members were adhering to the treatment plan. Here, the clinician can highlight (if appropriate) that the length and severity of the relapse may have been minimized, if not prevented, by the hard work everyone is doing.

The Importance of Ongoing Engagement and Support

As people in FIRST and family members move through FIRST, there may be periods where things seem to be going very well and other times when things are difficult. There may be times when the family is pleased with the FIRST team and times when it is disappointed. Regardless of how the family feels, it is critical that the FIRST team continue to extend a hand to the family. Ongoing accessibility is the key. Learning to respond to psychosis effectively is a process that takes time, and how family members feel one day may not reflect how they feel a month later. Family members greatly value a mental health professional "hanging in there" with them for the long haul.

Imbuing Interactions with Hope

Given how persons with psychosis are portrayed in the media, it is perhaps not surprising that many people are distraught or disbelieving when they learn that they or a loved one has a psychotic illness. Similarly, mental health professionals who have been working with more chronic people with psychosis may not see many reasons to be hopeful about the outcome of a recently developed psychotic disorder. Nevertheless, it is very important to recognize that we do not yet know the likely outcomes of persons who are just developing psychotic disorders, and there are more reasons to be hopeful than ever before.

These reasons include:

- Perhaps as many as 20% of these episodes remit and subsequently persons live relatively symptom-free lives
- Even those who have multiple episodes of psychosis tend to improve over time
- With newer treatment advances and more emphasis on community care, there are fewer persons with first episode psychosis who will experience the severe
- effects of de-institutionalization that others before them had experienced. We do

not know for certain what benefits programs like supported education, specialized psychotherapy, and better tolerated medications will have in 20 years, but there is reason to believe these innovations will lead to better outcomes.

- Many clinicians in the public sector have little experience with persons with psychosis who are currently living rich non-disabled lives in spite of their illnesses. These people often hold professional jobs, can go into the private sector for care, keep their medical histories private, and are frequently not obviously impaired. Any one of us could be working alongside such a person and not know. Even though persons working in publicly funded or non-profit clinics may never see them, it is important to remember these individuals are walking testaments to the possibility of recovery.

Strengths Perspective

It is natural for any clinician interacting with a person in FIRST to scan for abnormalities—symptoms, odd behavior, withdrawal from life, poor hygiene, speech that may be difficult to understand, etc. —and make this the focus of attention and intervention. In some cases, this is unavoidable, especially when there is a risk of harm or injury. However, it is becoming increasingly apparent that one can "flip the focus" and concentrate on identifying and developing strengths and positives to good effect. Psychology has shown that it is much easier to build on strengths—things we are already good at—than to try to remediate weaknesses—things we tend to be bad at.

Applying this information to the FIRST family perspective, it is critical that the clinician work to identify strengths in both family members and first episode of psychosis people and work to shore them up. For example, one first episode psychosis person with whom we worked had never been very social and the development of a psychotic episode in her junior year of high school did not help the situation. Her parents were acutely aware of her isolation and worried about it a great deal. However, the person had many strengths - she had a very pleasant demeanor, she was committed to returning to school even though her concentration was still shaky, she was very respectful to her parents, and liked and still engaged in some sports. While the clinician was also concerned about the person's social development, she decided to minimize negative comments about the lack of it, praise any suggestion of interaction with peers, and to focus the work on activities where the person could succeed—snowboarding, working out, games on the computer— because these were interests and strengths in which the person had skills. The clinician encouraged the family members to do the same and explained the rationale. Over time, the person in FIRST began to spend more time in these activities and began to develop some acquaintances through doing them. She did not make a dramatic change, but she felt the benefits of not being totally alone.

The Imperative of "Seeing the World Through the Person's Eyes"

As with all clinical work, the strongest relationships are created when people with a first episode of psychosis feel understood and accepted. The development of a psychosis is overlaid on a whole history of family experiences and situations. Having a child who develops a psychosis may mean very different things in a family where everything seems to have been going fine compared to one where there are other major health issues and this is just "one more thing." It is critical to avoid assumptions about what the experience means to the person. Rather, it is essential to be a good listener, to pay attention to what is said, to do a careful assessment, and to put one's own perspective aside when getting to know the family. For example, some family

members will think medication is a godsend; others will believe in natural healing. Some will think their ill family member should stop doing drugs, and others will be doing drugs with their ill family member. Don't make assumptions about anything. Ask a lot of questions. Try to see the world through each person's eyes and tailor advice or counsel to that world view--it will make it much more likely that the counsel will bear fruit.

Shared Decision-Making as a Foundation for the Work

Shared decision-making in mental health is a process by which the first episode of psychosis person and clinicians consider likelihood of outcomes and personal preferences to reach a health care decision based on mutual agreement. The technique of shared decision-making acknowledges that, while clinicians have a wide array of knowledge about the odds that an intervention is likely to improve a particular situation, the person also has a wide array of knowledge regarding his/her preferences, attitudes, beliefs, and history. Both the clinician and the person in FIRST are "experts" on what they know, and both sets of knowledge are important to resolving problems. In mental health treatment, providers have traditionally made recommendations--"You should take this medication" or "You should attend this group" and then used any persuasive means possible to try to get the person to follow the recommendation. Shared decision-making offers a different framework for clinicians and persons in FIRST working together. Here, the clinician can recommend treatments, and even the likelihood that they will work based on research, but the person also provides information on what he/she is willing to do. For example, participation in structured family work of at least nine months has been found to reduce subsequent relapse rates 20-50% (Pitschel-Waltz, Leucht, et al, 2001) over and above medication alone in persons who have had a recent relapse in schizophrenia. However, family work can be demanding and many persons in FIRST may not want to expend the effort initially to do the treatment. In the traditional model of mental health treatment, the clinician, if aware of the research, would make the recommendation for family work without much explanation why and then try to persuade the person and his/her family member to do it. In the shared decision-making model, the clinician would raise the issue of family work with the person along with the information on why the recommendation is being made. He/she might even mention a few possible types of family work with different advantages and disadvantages, so the person would then have some options. The person in FIRST would indicate his/her preference, the two could continue the discussion to make sure that they each understood each other, and some type of family work would be initiated or not, depending on their mutual agreement. The clinician and person in FIRST would typically agree to revisit the topic in the future to see if the person's preferences still hold or if new information has changed his/her level of interest in this treatment option.

Shared decision-making is a core foundation of the FIRST program. While the program has many components, it will be up to the individuals in FIRST to make decisions about which components to try, and when, with members of the FIRST team. If the person in FIRST does agree to family work as described in this manual, the family clinician is likely to play an invaluable role 1) explaining the shared decision-making concept to family members, as well as 2) helping family members be involved in the decision-making process when appropriate as their preferences, knowledge, and history can also be critical in some treatment decisions.

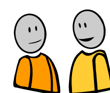
Making Informed Decisions

The Ottawa Personal Decision Guide (below) is a tool to work with persons in FIRST in a shared decision-making framework. It can help people assess their decision-making needs, plan the next steps, and track their progress in decision-making.

Ottawa Personal Decision Guide

For People Facing Tough Health or Social Decisions

You will be guided through four steps: ❶ ❷ ❸ ❹



❶ Clarify your decision.

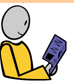
What decision do you face?

What is your reason for making this decision?

When do you need to make a choice?

How far along are you with making a choice?	Not yet thought about the options	Close to making a choice
	Thinking about the options	Already made a choice

❷ Explore your decision.



Knowledge

List the options and main benefits and risks you already know.

Values

Use stars (★) to show how much each benefit and risk matters to you. 5 stars means that it matters "a lot". No stars means "not at all".

Certainty

Consider the option with the benefits that matter most to you and are most likely to happen. Avoid the options with the risks that matter most to you.

	Reasons to Choose this Option (Benefits / Advantages / Pros)	How much it matters Use 0 to 5★s	**Reasons to Avoid this Option** (Risks / Disadvantages / Cons)	How much it matters Use 0 to 5 ★s
Option #1				
Option #2				
Option #3				

Which option do you prefer?	#1	#2	#3	Unsure

Support

Who else is involved?						
Which option do they prefer?						
Is this person pressuring you?	Yes	No	Yes	No	Yes	No

How can they support you?			
What role do you prefer in making the choice?	Share the decision with… Decide myself after hearing views of… Someone else decides…		
Who?			

❸ **Identify your decision-making needs.**				
	Knowledge	Do you know the benefits and risks of each option?	Yes	No
	Values	Are you clear about which benefits and risks matter most to you?	Yes	No
	Support	Do you have enough support and advice to make a choice?	Yes	No
	Certainty	Do you feel sure about the best choice for you?	Yes	No

People who answer "No" to one or more of these questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes. Therefore, it is important to work through steps two ❷ and four ❹ that focus on your needs.

❹ **Plan the next steps based on your needs.**		
Decision-making needs	✓	**Things you would like to try**
Knowledge If you feel you do NOT have enough facts		Find out more about the options and the chances of the benefits and risks. List your questions. List where to find the answers (e.g. library, health professionals, counselors):
Values If you are NOT sure which benefits and risks matter most to you		Review the stars in the balance scale to see what matters most to you. Find people who know what it is like to experience the benefits and risks. Talk to others who have made the decision. Read stories of what mattered most to others. Discuss with others what mattered most to you.
Support If you feel you do NOT have enough support		Discuss your options with a trusted person (e.g. health professional, counselor, family, friends). Find help to support your choice (e.g. funds, transport, child care).
If you feel PRESSURE from others to make a specific choice		Focus on the opinions of others who matter most. Share your guide with others. Ask others to complete this guide. Find areas of agreement. When you disagree on facts, agree to get information. When you disagree on what matters most, consider the other person's opinion. Take turns to listen to what the other person says matters most to them. Find a neutral person to help you and others involved.
Other factors making the decision DIFFICULT		List anything else you need:

The SURE Test © 2008 O'Connor & Légaré.

Logistics for FIRST Family Work

In many ways, the guidelines of family work mirror those of traditional individual work—respecting the person in FIRST, supporting empowerment, thoughtful treatment planning and implementation, shared decision-making, attention to issues regarding mandated reporting, etc. However, family work often raises unique challenges for the family clinician and the agency. The overarching principle in family work is the need for *logistical flexibility*. Family sessions often require more time than individual sessions, they sometimes need to be held at off hours to meet the needs of working family members, there may be some flux in who actually participates as family constellations change (e.g., sibling going to or coming back from college), and even the venue may be variable—typically sessions are held in the clinic, but home visits may help with engagement, transportation problems, and the like. The setting should be a comfortable room which can easily accommodate all the family members without feeling cramped. As the family confronts new challenges, they may have need for more frequent contact.

Finally, issues regarding consent for sharing of information need to be addressed in advance. *Prior* to beginning family work, an agency will have the person in FIRST sign a consent form for sharing of information for the family members who participate in the program for its duration.

What to Do When the Person in FIRST or Family Member Refuses Family Involvement

One of the benefits of working with first episode of psychosis people is that when illnesses are developing and situations are dynamic, potential participants are especially amenable to suggestions from the treatment team that everyone works together as a unit towards recovery. Furthermore, the use of motivational enhancement techniques when interacting with people in FIRST and family members can maximize the likelihood that they will agree to work together. However, it sometimes happens that people in FIRST refuse to have their families involved in their care, or family members refuse to be involved. These obstacles to engagement can reflect long-standing conflicts that have little to do with the illness, or may be more illness related (e.g., the person is paranoid about a family member or angry because he/she initiated hospitalization). In such situations, the family clinician can continue to bring up the topic as the treatment progresses and the person improves, in the hopes that at some point the person will change his/her mind. These requests will be echoed in the IRT work, which includes asking the person to practice strategies and skills with supporters in the community. If the family member refuses, the family clinician can ask the person if another family member or friend might be available for involvement and pursue that relationship. The family clinician can also accept pertinent information from the family members—through letters, messages, or conversations—though of course he/she cannot disclose any specific information about the person without consent.

First Episode of Psychosis People May Not Attend Family Sessions

Ideally, family members and first episode of psychosis people will attend the family educational meetings together. However, sometimes the person in FIRST will agree to his/her family members getting support, but will not want to attend sessions. Although it is usually preferable to have the person and his or her family members receive educational information at the same time, since much of the educational material can be covered in Individual Resiliency Training (IRT), and the person may have other responsibilities, such as school or work, this reluctance is understandable. The family members should be assured that the family work can

continue and that the person can review much of the same material in IRT. However, it is optimal to negotiate with the person that he/she attend occasional family meetings where his/her input would be vital—such as when developing the relapse prevention plan. Most people in FIRST will agree to this intermittent participation. They are relieved that someone is helping their family members more regularly but they can avoid most session conflict and friction. Even if the person attends the family education sessions regularly, the person may benefit from reviewing and processing the information independently in IRT sessions after attending joint sessions. In some instances, the person may miss some family education sessions, and the IRT clinician can help him or her to catch up.

The Need for Other Family Work

Family work must be tailored to the needs of all the family members. For the majority of people in FIRST and their families, the work described in the manual will be sufficient to stabilize a person who has sustained a first episode of psychosis and support recovery while reducing family burden. There are, however, occasional situations where it becomes clear during the family work that there are long-standing problems in the family, typically independent of the psychotic illness, which are interfering with implementing the family program and/or affecting the person's progress. This might include, for example, psychiatric illness in another family member, long-standing conflict between the parents of a person in FIRST, or parenting difficulties with other children. In such situations, participation in the family program may help but not resolve these issues and other intervention may be needed. Here, the family clinician can be a vital resource in helping identify the problem and helping the relevant family members seek other, more targeted, treatment. It is essential that the family clinician become an expert on family services in his/her own agency, as well as the local community, so he/she can make referrals as warranted.

Keeping Family Sessions Low Stress

During a first episode of psychosis, both the person in FIRST and their family members are typically highly stressed. Because psychosis renders people very susceptible to stress, it is imperative to keep conflict during family sessions to a minimum. The family clinician models a temperate, measured tone at all times. If family members get agitated, the family clinician takes an active role in "cooling things down" by encouraging family members to stay calm, reminding them that stress can make symptoms worse, suggesting that they take a break and get a drink of water or take a few deep breaths before continuing, and briefly separating everyone if necessary. It is preferable to not terminate a session due to conflict as this can convey to the family that the clinician cannot handle the challenges they present; rather, a brief break is usually sufficient to allow family members to recompose themselves and begin participating again.

Referrals to Family Member Support Programs Such as NAMI

Participation in family programs such as the National Alliance on Mental Illness (NAMI) can lead to increases in knowledge and reductions in burden (Dixon, Lucksted et al. 2004); however referrals to such programs can be more complicated in a first episode of psychosis. Many NAMI programs draw family members of people who experience more chronic symptoms of psychosis, and their concerns are often vastly different from those of first episode psychosis family members. The family clinician must be familiar with the local NAMI groups to know if there is a core of first episode of psychosis family members who attend and with whom new referrals can become acquainted. Often, first episode of psychosis family members can still benefit from participation in the 12 session NAMI Family to Family program, which usually has more of a mix of participants, even if the local meetings lean more towards family members of people who experience more chronic symptoms of psychosis.

Working as Part of the FIRST Team

The FIRST program incorporates a team structure and it is critical that the family clinician work closely with the rest of the team to share perspectives and develop and implement the treatment plan. By virtue of his/her work with the family, the family clinician is likely to have information about the person in FIRST's social network that no one else does. Also, the family clinician can encourage family members to be involved in other aspects of the person's care, such as the Supported Employment and Education (SEE) program that is also part of the FIRST program.

Most of the person's work in FIRST is conducted as part of IRT. However, whenever possible, we recommend the bulk of the educational work be done with persons in FIRST and their families in weekly family sessions. In the overall structure of FIRST, this typically means that, after the engagement into the whole program and an initial family education orientation meeting, the person will have met a couple of times with the IRT clinician to begin to establish goals, and then the family education will begin. For the successive 8-10 educational sessions, the family clinician will meet with the person in FIRST and their family members together. As time and circumstances dictate, the person will also be working with the IRT clinician, but this work may be slowed a bit if the person finds it difficult to come to the clinic multiple times a week or participate in more than one meeting a day. In some such cases, some of the IRT work will be deferred until the completion of the initial family sessions and/or the person feels ready to meet with the team multiple times a week.

Pace and Content of Sessions

There is a great deal of material to cover in the FIRST family program and it is important to use the person in FIRST and family member's time well. To this end, clinicians are encouraged to be directive, structured, and to follow handouts closely. Certainly some small talk is needed at the beginning and end of each session to facilitate relationships, and there may be occasional sessions in which urgent issues must be handled, but the educational handouts should be seen as setting the structure for most sessions. While all topics in each session should be covered thoroughly, it is not necessary to ask every prompt question.

Language

Until the family clinician is clear on how the person in FIRST and family conceptualize the illness, he/she should avoid using terms such as “illness,” “disorder,” and “sickness.” Mirroring the language of the family can be very helpful in strengthening the alliance. For example, family members may refer to symptoms as “the recent problems.” Sessions should be conducted in a conversational style.

Making Sessions Comfortable

The family clinician expressing warmth, empathy, and respect for the person in FIRST and family members can be invaluable. The objective is to make everyone in the group feel valued, by assuring that they have a chance to share their attitudes, opinions, and preferences. Methods of making everyone feel welcome include offering coffee, tea, or water if it is available, offering praise for positive efforts and participation in sessions, being cautious about giving constructive feedback until the family clinician has a clear grasp on the situation being discussed, using names as they are being addressed, informing everyone that the family clinician has been thinking about them between sessions, and showing interest in all of the family members life situations.

Monitoring and Managing Urgent Issues During Family Sessions

In every family meeting, it is important to identify and resolve any urgent issues that might compromise the person in FIRST’s community tenure in the coming weeks—other issues are deferred until after the session and/or referred to the treatment team. When problems are identified, the family clinician can give advice, use the skills taught in IRT, refer to community agencies and/or make a plan to address the issue through work with the treatment team as appropriate.

Suicide Risk and Prevention in Early Psychosis

Approximately 5-10% of people with schizophrenia will commit suicide. Further, there is a particularly high risk of suicidality among individuals recovering from their first episode of psychosis. At least 50% of people with first episode psychosis have experienced suicidal thoughts and approximately 25% have made a suicide attempt by the time of first contact with treatment services (Power, 2004). Indeed, while the acute phase of the illness represents a risky period regarding suicidality, it is the early recovery phase following remission of psychotic symptoms when most suicides actually occur. During this phase, individuals are beginning to experience the psychological and social impact of the illness, and many are likely to experience “post-psychotic depression” (Birchwood et al., 2000). Depression and suicidal ideation are especially common among people who feel engulfed and trapped by their illness, and who become hopeless about the future, predicting a loss of social status and limited potential for improvement (Birchwood, 2003). Specifically, suicide risk in early psychosis is highest during the following periods:

- During emerging psychosis (i.e., prodromal phase)
- Immediately prior to hospitalization and immediately following discharge
- Several months following symptom remission (i.e., the early recovery period)
- After first relapse (i.e., when realization occurs that illness is recurrent)

Given the heightened risk of suicide following a first episode of psychosis, it is strongly encouraged to consider all people who have experienced a first episode of psychosis as being "high risk" and to regularly monitor the person for suicide risk. Risk factors for suicide in early psychosis include:

- Male gender
- Single
- Unemployed
- Suicidal ideation and/or previous suicide attempt(s)
- Good premorbid functioning with high personal expectations
- High premorbid IQ
- Good insight
- Depression and/or hopelessness
- Substance abuse
- Large degree of illness-related deterioration
- Command hallucinations
- Grandiose or persecutory delusions (may result in self-destructive behavior)
- Family history of suicide

Additional factors that may increase the risk of suicidality include:

- Recent loss of social support
- Isolation
- Treatment non-adherence
- Environmental stress/conflict (e.g., family conflict or criticism)

The FIRST team should be mindful of the above risk factors, and identify people who may be at increased risk of suicide. On the FIRST team, the prescriber routinely assesses for suicidal ideation. Family members may also bring information about the person in FIRST's suicidal thinking to their family clinician on the FIRST team, and thus the family clinician may know that this is a significant clinical issue and need to bring this to the team.

If the family clinician becomes aware of suicidal thoughts or statements, in order to evaluate it further, he or she should obtain the following information: frequency of thoughts, presence of active intent and plan, lethality and availability/feasibility of the plan, and potential obstacles to implementation of the plan. If the person in FIRST expresses active suicidal ideation, hospitalization may be required. If the person expresses suicidal thoughts without active intent (e.g., "I'd be better off dead"), ensure that they are willing to contract for safety and be certain that they will be closely monitored.

In any case, the presence of any suicidal ideation in a person in FIRST must be communicated immediately to the rest of the FIRST team. If a person is actively suicidal and other healthcare providers are unavailable, a member of the FIRST team should contact his or her local emergency department and ask for the mental health professional or crisis worker on call.

The following should be documented in the person's chart: all risk assessment and safety plans, all supervision and consultative contacts, all contacts with outside providers, current disposition of person, and any other action taken on behalf of the person.

Involving Supporters in Other FIRST Care

As was just mentioned, family members are encouraged to be active in other parts of the FIRST program and the family clinician can be instrumental in linking the family members to the other programs and motivating them to be involved.

When Family Members Do Not See Eye to Eye with the Clinician or Each Other

If multiple family members attend the sessions, they may have different opinions about many of the topics discussed in FIRST—including the cause of the disorder, the value of medication, whether substance use make symptoms worse, etc. Even after the family clinician presents the educational material during these sessions, the family members may still hold to their beliefs. This can be a complicated situation to manage and still keep stress levels in sessions low, which is a core feature of family work in psychosis. The clinician certainly can explore whether there can be a meeting of the minds through gentle probing and use of compromise. As an example, one family member might have a strong religious background and believe that faith would cure her daughter of psychosis. Her daughter may not share this belief and might repeatedly point out how much better she feels on medication. In this case, her mother was not to be dispelled of this belief in spite of the daughter's opinion. It is recommended in FIRST family work that the clinician ask if there is a possible compromise available. This might involve inviting each person to state their opinion, restate the other person's opinion, and suggest a compromise. In this case, the compromise may be that the daughter will keep taking the medication but not try to change her mother's beliefs. Compromise and negotiation are good ways to handle differences in FIRST sessions, as is respectfully "agreeing to disagree" if all else fails.

Techniques in FIRST

Positive Reinforcement

In the beginning, the primary motivator that the family clinician has to offer families is that it is a positive experience to be in the room with him/her. Even when families are working diligently following the guidance offered by the treatment team, change may be slow and sometimes residual symptoms and impaired behaviors remain, making the situation with the person in FIRST hard. While families are going through these periods, one of the few positives they may recognize in their lives is the support and encouragement of the FIRST treatment team. To solidify this relationship, team members should be generous with their praise for any positive changes family members are making—no matter how small. The positive reinforcement should highlight specific changes—"I really liked the way you decided to just take a break and go into the other room when you were getting frustrated with (person in FIRST)". Encouraging family members to note improvements and provide positive reinforcement to each other is a key part of this work. More about this topic will be discussed in the communication section below.

Motivational Enhancement

A core competency for FIRST family clinicians is motivational enhancement, which includes techniques to increase the person in FIRST's commitment, both to his/her recovery and treatment.

Motivational Interviewing

Motivational interviewing is centered on the person in FIRST, a directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. It can be used for many clinical problems throughout FIRST; the session intervention described here is designed to help people in FIRST resolve any ambivalence they may have about mental health treatment. The work is conducted in a casual, conversational style. Rather than utilizing confrontation, the family clinician uses active listening and careful questioning to assist people in FIRST to move to a greater commitment to having their family members collaborate in their care. Interactional style is a critical component of motivational interviewing. The overarching principles of interpersonal interaction during motivational interviewing are as follows:

Principle 1: Express Empathy

- Acceptance facilitates change.
- Skillful reflective listening is fundamental.
- Ambivalence about change is normal.

Principle 2: Develop Discrepancy

- Change is motivated by a perceived discrepancy between present behavior and important personal goals or values.
- Whenever possible, the person in FIRST rather than the family clinician should present the arguments for change.

Principle 3: Avoid Arguments and Direct Confrontation

- Avoid arguing for change.
- Resistance is not directly opposed.

Principle 4: Roll with Resistance

- New perspectives are invited but not imposed.
- The person in FIRST is a primary resource in finding answers and solutions.
- Resistance is a signal for the family clinician to respond differently.

Principle 5: Support Self-Efficacy

- The person's belief in the possibility of change is an important motivator.
- The person's family's belief in their ability to change becomes a self-fulfilling prophecy.

While the format is semi-structured, all interactions should follow a conversational style utilizing the OARS interaction format:

- Ask Open-ended Questions
- Affirm Positive Statements
- Listen Reflectively—continuing the person's statements, guessing feelings, moving to a deeper level of feelings (amplified reflective listening)
- Summarize what the person has said

The goal of the family clinician is to establish a collaborative relationship with the person in FIRST, to resolve any ambivalence about being involved in treatment and to encourage him/her to develop a stronger commitment to working with the treatment team. The general format for interaction is as follows: family clinician asks open-ended questions, the person responds, and the family clinician summarizes the response, utilizing an empathic stance. Summarizing, restatements, and affirmations are crucial. The family clinician should monitor the number of direct questions asked and avoid asking more than two questions in a row.

In all conversations, the family clinician strives to support "change talk," which works against maintaining the status quo (disengagement). The key elements of change talk include helping people with first episode of psychosis:

- Recognize disadvantages of the status quo
- Recognize advantages of change
- Express optimism about change
- Express intention to change

Many probes can be used throughout the session. Typical ones are listed below. Selected questions can be asked from each section. The following section contains a motivational enhancement discussion that focuses on the person with first episode of psychosis decide if he/she is willing to join FIRST. The family clinician might start with a statement such as: *"So, I know you have been thinking about joining the FIRST program. Let's talk about that."*

Examples of Open-ended Questions to Evoke Change Talk

1. Disadvantages of the Status Quo

- "What worries you about your current situation?"
- "What kinds of difficulties have your problems brought to you and your family?"
- "What difficulties or hassles have you had in relation to your current situation?"
- "How has your situation stopped you from doing what you want to do in life?"
- "What do you think will happen if you don't change anything? Would trying a recovery program offer another opportunity for change?"

2. Advantages of Change

- "How would you like for things to be different?"
- "What would be good about you getting a better handle on your situation?"
- "If you could make a change by magic, if you could get better immediately, by magic, how might things be better for you?"
- "Do you think you might benefit from more support?"
- "The fact that you're here indicates that as least part of you thinks it's time to do something to change things. What is prompting you to consider this?"
- "What would be the advantages of working with a team of professionals to help you get back on track?"

3. Optimism about Change

- "What makes you think that if you did decide to put out some effort into improving things, you could?"
- "What encourages you to think that some treatment might help?"
- "What do you think would work for you, if you decided to try to be more open to participating in a recovery or resiliency program?"
- "How confident are you that you can make this change? What would make you feel more confident?"

4. Intention to Change

- "What are you thinking about joining the FIRST program at this point?"
- "I can see that you're feeling stuck at the moment. What's going to have to change for you to stay involved?"
- "What do you think you might do?"
- "How important is improving your situation? How much do you want to do this?"

As people respond to these questions, the family clinician's goal is to reiterate statements they make supporting positive change, while acknowledging impediments and discouragement. The family clinician should utilize frequent summaries and re-statements of the person's input. This technique both assures people that they have been heard, and helps clarify the specifics of the person's comprehension of the situation.

Decisional Balance

This task involves identifying reasons for the person to commit to treatment. The person is asked to complete the modified decisional balance form (see below). Here, the person – with coaching from the family clinician – lists positive and negative consequences of committing to mental health treatment on the "Considering Joining FIRST Decisional Balance" worksheet. The person is prompted to take the lead in completing the form, though the family clinician is allowed to make comments, based on information elicited earlier.

- *"I want you to have the chance to think systematically about the pros and cons of joining the FIRST program. Let's look at this form where we can list your reasons. What would be all the good points of joining FIRST?"* (fills out form)
- *"What would be the negatives of joining FIRST?"* (fills out form)

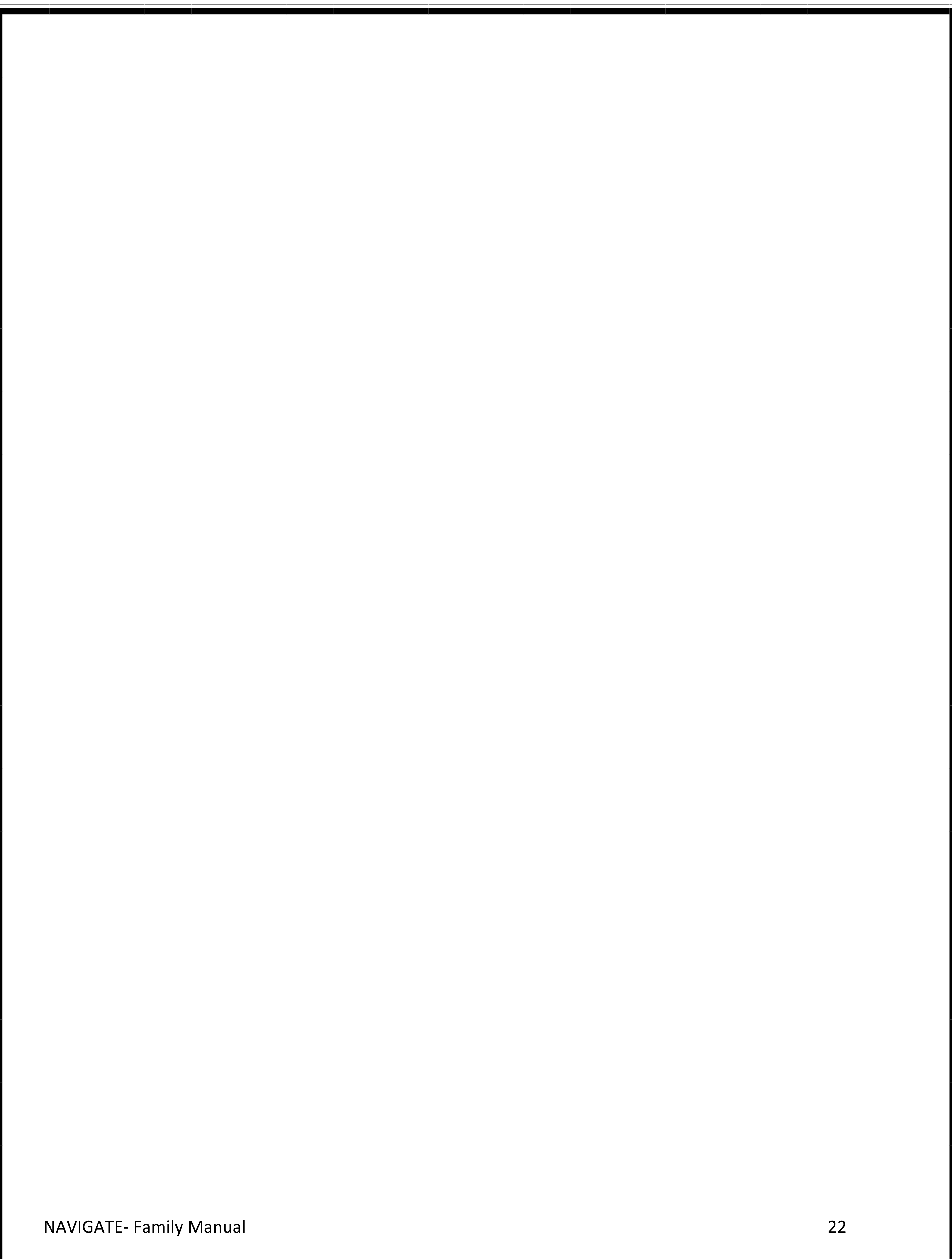
When the decisional balance is completed, the family clinician asks the person to identify the most important positive consequence of joining FIRST and most important negative consequence of joining FIRST, and these are starred on the sheet. The family clinician summarizes the work.

- "So, you are saying the main good point of joining FIRST would be XXX, but your concerns are YYY. So where do you stand with that? How could we make it easier to give it a try? Would you like to try it?"

While the example here is about joining FIRST, the strategy can be used for many clinical issues—not coming to treatment, not taking medication, using drugs—and is likely to be a core aspect of many FIRST interactions.

Considering Joining FIRST Decisional Balance

Potential Positives of joining FIRST (e.g., might feel better, might get help with goals, family members might feel calmer if they know the doctor, might be able to manage medication better, might reduce risk of relapse)	**Potential Negatives of joining FIRST** (e.g., might risk privacy, might feel too controlled, may feel like I do not need help right now)



Overview of FIRST Family Psychoeducation

In the FIRST program, family work is conceptualized as having three phases:

- **Phase One:** Engagement, orientation, and assessment
- **Phase Two:** Stabilization and facilitating recovery
- **Phase Three:** Planning Next Steps

PHASE ONE: Engagement, Orientation, and Assessment

The *engagement*, *orientation and assessment phase* involves meeting with the person in first and their family members to explain the FIRST program, the family work in FIRST in more detail, and to conduct individual assessments with each person to identify their strengths, concerns, goals, and illness knowledge level. Remember that "family" is an all-inclusive term used in FIRST to indicate any identified support person.

The overarching goal of the orientation and assessment phase is to engage family members in FIRST and to have an *individual meeting* with each family member, including person in FIRST, to obtain his or her point-of-view of the family situation and understanding of psychosis. During the individual meetings, the family clinician will determine readiness to engage in FIRST Family Psychoeducation. (See FIRST Family Member Interview Guide in Phase One.)

Using motivational enhancement techniques, people who experience a first episode of psychosis are empowered to commit to their care and facilitate family and treatment team collaboration. **The engagement, orientation and assessment phase typically involves one individual meeting with each family member (including the person in FIRST), flanked by two joint meetings with all interested family members scheduled over a few weeks**. The shorter duration the better, but with some ambivalent or symptomatic individuals, a longer period of engagement or extra sessions may be required. The first joint meeting involves an introduction to the FIRST program and a determination if family members wish to continue. For those interested in participating in FIRST Family Psychoeducation sessions, individual meetings will be held to complete the FIRST Family Member Interview Guide. Following all interviews, a second joint meeting will be held to: 1) provide an orientation to FIRST Family Psychoeducation, 2) review some general housekeeping rules of family work (e.g., mandating reporting, taking turns), 3) review tips to help distressed persons in FIRST and discuss how to manage crises, 4) distribute a recovery story, and 5) describe what families can expect as they move through the phases of family psychoeducation. Core competencies of shared decision-making and motivational enhancement are critical aspects of the engagement phase. There are handouts guiding the specifics of this component in this manual.

It is important to recognize that family members of persons with a serious psychiatric illness may exhibit many different types of responses to their ill family member and his/her mental health treatment. The family clinician will benefit from being prepared for this wide range of responses. Some family members will have had positive relationships with the mental health treatment team as they seek treatment for the person in FIRST; others may be very disappointed with the level of services available to their ill family member and may be either angry or

disengaged, while others will be struggling with so many other pressing issues in their lives (e.g., financial hardship, physical or psychiatric illness in other family members) that it may be difficult for them to prioritize assisting the person in FIRST. The family clinician must be able to adapt to all of these circumstances- with the goal of trying to solidify the collaboration among the person, their family, and the treatment team-to lay the groundwork for the subsequent recovery work.

The family clinician should utilize frequent summaries and restatements of family members' input. This technique both assures family members that they have been heard and helps clarify the specifics of their comprehension of the situation. The family clinician should be especially alert to statements that are either consistent or inconsistent with the current biopsychosocial model of psychiatric illness. Some family members will be very sophisticated in their understanding of the illness, some will have a general lack of knowledge about the illness, and some will have ideas that are in direct contrast with current medical thinking about serious psychiatric illnesses (e.g., medications are bad, some drug use is good because it helps relax the person, the only thing that will help is prayer). These are all important to note, as this information will serve as the foundation for much of the later educational work.

PHASE TWO: Treatment Planning for Stabilization and Facilitating Recovery

The *stabilization and facilitating recovery phase* includes approximately 10-15 sessions of psychoeducation and development of coping skills. At this point, the family clinician will have information about the person in FIRST and his or her family members. Prior to beginning the educational sessions in phase two, the family clinician consolidates the information learned so far and begins to conceptualize: 1) treatment planning to address problems the family has identified for which it needs help; 2) ways the family's belief system about psychiatric illness may beneficially influence how the educational materials are delivered; 3) family strengths that can be incorporated into the person's recovery plan; and 4) families who may need a higher level of ongoing support and skills training subsequent to the educational sessions. Signs that more intensive family work aimed at improving communication and problem-solving skills may be necessary include: 1) not making sufficient progress on goals; 2) high levels of conflict in family; or 3) the family member frequently initiating contact with the FIRST team because of many concerns about treatment and/or the person in FIRST. Consistent problems in these areas may suggest additional sessions are needed (i.e., consultation with the family clinician or supplemental sessions/in-depth review of specific topics covered) upon completion of FIRST Family Psychoeducation may be necessary.

Stabilization and Facilitating Recovery – Family Education about Psychosis

Until recently, many professionals provided minimal information to people experiencing a first episode of psychosis about the nature of their psychiatric disorder, assuming they were either incapable or not interested in making informed decisions about the treatment of their own condition. Instead, most people with psychosis were viewed as possessing limited insight and were relegated to the role of passive recipients of treatment. These assumptions have been challenged, and it is now widely recognized that people are capable of learning more about their mental illness as one step in their recoveries. Furthermore, educating people about their disorder respects the importance of allowing them to participate actively in shared decision-making about their own treatment, and this may avert non-adherence problems that arise out of resentment of an authoritarian medical approach.

Principles of FIRST Family Psychoeducation

There are several fundamental principles of FIRST Family Psychoeducation that serve to guide the family clinician. As long as the family clinician keeps these core principles in mind throughout the course of the educational intervention, he or she will be able to make progress toward the goals of education.

a) The importance of legitimizing the psychiatric disorder

The symptoms of most non-psychiatric disorders (e.g., coughing, angina, fever) are easily recognized as being due to physiological problems that are beyond the person's control. In contrast, psychiatric symptoms (e.g., depression, anxiety, social withdrawal) are less readily viewed as reflecting a "disorder" and are more likely assumed to be under the person's voluntary control. One reason why family members often believe the person in FIRST has control over their psychiatric symptoms is that many symptoms are defined by the

absence of particular behaviors or emotions (e.g., negative symptoms in schizophrenia, avoidance in anxiety disorders), rather than the conspicuous *presence* of other behaviors (e.g., bizarre behavior, responding to internal stimuli). It is easier to understand that auditory hallucinations may be due to a chemical imbalance (i.e., disorder) than severe social withdrawal, apathy, or avoidance. A second reason why some psychiatric symptoms may be thought to be under voluntary control is that almost everyone has experienced at least mild levels of depression or anxiety with which they have successfully coped and have prevented from interfering much with day-to-day functioning. These experiences can lead to a false impression that people who experience a first episode of psychosis could recover from their problems "if only they tried hard enough."

The goal of legitimizing the person's psychiatric disorder is achieved primarily through providing information about the causes of the illness and factors that improve or hinder recovery. At the same time as legitimizing the psychiatric disorder, the person is encouraged to take responsibility in areas where this seems possible, to avoid assuming the "sick role" and diminishing expectations for a full life. Thus, improving coping through adherence to treatment recommendations, avoiding substance use, and using skills are all important concepts.

b) The family clinician must be knowledgeable about the psychiatric disorder

Clearly, if family clinicians are to succeed in educating individuals about psychosis, they must be sufficiently knowledgeable about it. Basic knowledge about psychosis includes an understanding of the diagnostic criteria and symptoms of the disorder, its prevalence and longitudinal course, effective psychiatric and psychological treatments, and theories regarding its etiology. Family clinicians must also be conversant with the details of likely long-term diagnoses (schizophrenia, schizoaffective disorders, delusional disorder, bipolar illness, psychotic depression). While family clinicians are not expected to be accomplished researchers, the more they know about the disorder, the more comfortable they will be in educational discussions. At a minimum, they should know more about the disorder than the family members and be at ease fielding questions about it. Family clinicians cannot be expected to have expertise in every possible area. Rather, they must be open to educating themselves when necessary. Similarly, family clinicians need not be able to answer every conceivable question raised by the family members, but they should know how to find the answers to these questions through resources such as other professionals, books, or journals. Remember, it is okay to let the family know that you want to clarify an answer or information, and you will get back to them at (or before) your next appointment with the answer. It is okay to say "I'm not 100% certain of that; let me clarify and get back to you right away. It's a great question!" In sum, the family clinician must possess an adequate body of knowledge about the disorder and understand how to utilize other resources when necessary in order to educate everyone in the family.

c) The family clinician must manage initial diagnostic uncertainty

First episode psychosis can presage a number of subsequent psychiatric diagnoses (e.g., schizophrenia, schizoaffective disorder, bipolar illness, delusional disorder, psychotic depression), but it can also remit completely. Since the diagnosis is likely to evolve while a person is in the FIRST program, the family clinician must be comfortable with diagnostic and prognosis uncertainty. Some people will go on to develop chronic disorders with poor functioning, but many will either remit or be able to function reasonably well, in part because

of their participation in the FIRST program. Thus, the treatment team needs to model *(and have)* hope, while being honest about issues for which there is uncertainty.

People who have experienced a first episode of psychosis and their families may have been given firmer diagnoses by other treatment teams; the family clinician will need to be adept at discussing the diagnostic uncertainty inherent in early psychosis. If, as the person continues in FIRST, another diagnosis is confirmed, that is an opportunity to revisit the issue with the person in FIRST and their family and provide additional information as warranted.

d) Information is presented in an honest, direct manner

Family clinicians sometimes feel uncomfortable when talking with a person in FIRST and his or her family members about the person's disorder. All too often, professionals are keenly aware of their own limits in treating serious mental illness, and they recognize the difficult and long struggle many people and their families will face. Nobody likes to be the bearer of bad news. An understandable response of some professionals is to "protect" the family members from what they perceive to be potentially upsetting information about the person's condition. This occurs particularly in first episode psychosis, when there may still be some doubt about the accuracy of the person's diagnosis and the person and their family may seem overwhelmed and/or fragile.

The common, but erroneous, assumption is that people with a first episode of psychosis and their family members will be shocked and dismayed to learn that their family member has a specific psychiatric disorder. The opposite is often true. Family members and persons in FIRST frequently express gratitude to professionals who are direct in educating them about the disorder, even when it is a serious one. A vital principle of education is that the family clinician always strives to provide everyone with direct, honest, and the most accurate facts available about the disorder, while never deliberately withholding information. Through direct communication about the disorder, the family clinician creates a supportive and collaborative working relationship with the whole family that will endure throughout the course of FIRST Family Psychoeducation.

e) Avoid making assumptions about family members' beliefs

The person in FIRST and their family members come to the experience of a psychosis with a whole life history learning about psychiatric illness through the media, their social networks, and (possibly) other personal experiences. The family clinician can have no way in advance of knowing what beliefs family members are bringing to this family work. Religious beliefs may color how individuals conceptualize the illness, and even medical and mental health professionals may have ideas that are inconsistent with optimal recovery strategies as supported by research. Thus, the family clinician should not make any assumptions about a shared knowledge and attitude base among the family members. Rather, the family clinician should always ask questions to discern how each family member understands the various topics prior to presenting the materials outlined below and be prepared to tailor discussions to accommodate differing or different beliefs. This is why conducting an initial assessment with each family member is vital before beginning the educational sessions.

f) Education is interactive

The family clinician cannot rely solely on didactic teaching methods but must make the educational sessions as interactive as possible. Successful educational sessions require that the family clinician continually elicit the person's experiences with the disorder as well as the family's experience of the disorder through observation and interaction with the person. The

family clinician must probe the family members regarding their knowledge about educational topics to be covered, including what they've "heard" about the disorder (e.g., myths, readings they've done). There are "check-ins" with family members throughout the sessions regarding the information presented and the pace of the presentation. The family clinician should ask questions to elicit the family members' understanding of the material that has been presented. By adopting an interactive approach to education, the family clinician is able to evaluate the family members' acquisition of basic information about the disorder, identify any misinformation they hold about the disorder, and to pace the presentation of new material accordingly. Furthermore, by continually seeking feedback and input, the family clinician avoids the pitfalls of overloading the family with information, which could result in boredom and disengagement.

Organization of Educational Sessions in FIRST

Scheduling

Sessions should be scheduled weekly or every other week, depending on the availability of the family. A routine schedule is optimal. We anticipate sessions will be 45-60 minutes in length.

Topics Covered

All family members should cover nine topics—typically one per session, although some topics may benefit from more than one session. There is an optional tenth topic, "Basic Facts about Alcohol and Drugs" which is used if a person has a past or current substance use problem. The nine basic topics are:

- Introduction, Assessment and Initial Goal Setting
- What is Psychosis?
- Medication for Psychosis
- Coping with Stress
- Effective Communication
- Problem-Solving and Decision-Making
- Relapse Prevention Planning
- Collaborating with Mental Health Professionals
- Family Members' Guide to Supporting Recovery from Psychosis

Session Format

START – A Method for Structure

Each meeting should be structured to get the most out of the time with the client. A simple way to ensure this is to use the START method.

S **Socialize, support, safety** – Mindset for the beginning of each visit; make each meeting safe and supportive

T **Target** – Identify a target/goal to work on during the encounter

A **Action** – Conduct session working toward individual and family goals

R **Review** – Check for each participant's understanding of session content, and solicit any feedback they have for you

T **Take-home work** – Task to work on before the next meeting

Sessions are usually 50 minutes, depending on content and family involvement. The information is summarized using visual aids, such as blackboards and handouts. The teaching format resembles a cross between a classroom, with the family clinician assuming the role of the teacher, and a discussion, with the family clinician acting as a facilitator. The conversation is guided by the family clinician so the curriculum is covered as planned, while

experiences and understanding of family members, along with their comments and questions, are solicited throughout the session.

In the educational sessions, the family clinician first provides a brief overview of the material to be covered that day. An interactive discussion centered on that topic follows, with an emphasis on helping the family members comprehend how the information applies to them. Handouts are given to each person, and they are encouraged to review them prior to the next session. Non-urgent problems can be deferred to the end of the session.

Review Questions

One strategy for helping family members actively process educational information they have learned is for the family clinician to ask open-ended review questions after each topic area has been covered. These questions also provide valuable information to the family clinician about what the family member has learned and in which areas each member needs further education. A convenient time to ask these questions is at the end of completing a topic or at the beginning of a session in which a new educational topic will be taught. The Clinical Guidelines for each topic area has review questions that can be used.

Use of Educational Handouts

There are two basic approaches to use with the educational handouts in sessions devoted to teaching persons in FIRST and their families about a psychiatric disorder. One strategy is for the family clinician to give an educational handout to each family member at the beginning of the session and have him/her read the handout as the family clinician reviews and elaborates on the material. This method is best when the family clinician does not use other visual aids to summarize the material during the session (e.g., blackboard), and when the family member has good reading skills. A second method is for the family clinician to give the family members the handout at the end of the session and request that they review it as a homework assignment. This approach is preferable when the family clinician uses a blackboard during the session, as the handouts can be distracting. The family clinician can use either format, as tailored to the needs of the individual family members.

Each topic has Handouts for family members and Clinical Guidelines that direct the family clinician. *Whatever materials you provide, always check in after they have looked at them to be sure they have understood them in the way you intended*.

Session Materials

Prior to the session, the family clinician should assure that all materials for the sessions are available, including: the manual for the family clinician, a copy of the handouts for each individual, paper and pens/pencils, and markers if a white board is being used. Prior to the first session, a folder or binder should be prepared for the family in which they can keep the educational handouts. The family is encouraged to bring the folder or binder to each session. *The clinician should make a copy of all completed forms for his/her records and later review.*

Complete Content Mastery is Not Required Before Moving to the Next Topic

The content of each session is not necessarily fully assimilated by family members prior to moving on to the next topic. Therefore, it is often necessary to continue to look for opportunities to review older material when new topics are being discussed. For example, people with substance use difficulties may improve through the substance use sessions, but

nevertheless still be at high risk for relapsing back into using substances following completion of the educational work. In subsequent meetings during the consultations and monthly check-ins, it is important to routinely check-in briefly about the person's substance use, his or her relapse prevention plan, and any other related issues that may need attention, such as symptoms that precipitate use.

Similarly, if during a consultation session a family member sees frustrated that the person in FIRST appears "lazy" or "unmotivated," it may be a good time to review the initial "Just the Facts – What is Psychosis?" handout to highlight the impact of negative symptoms.

Education when a Person is Symptomatic

Three kinds of circumstances can make education especially challenging: when a person with a first episode of psychosis is too symptomatic to participate effectively in sessions, when a person is very withdrawn and uncommunicative, and/or when a person denies having an illness. These situations are quite common in the early phases of a first episode of psychosis.

When working with a person who is having difficulty participating because he or she is agitated or confused, a number of strategies can be employed. Session length can be abbreviated, frequent (but simple) questions can be directed to the person to keep him/her on course, the family clinician can sit next to the person to orient him or her as to what is on the board or written materials, and this person can leave the session a bit early or take a brief break if they wish. If someone is having extreme difficulty, the family clinician may wish to consider deferring the start of educational sessions for a few weeks to see if the person in FIRST becomes more able to concentrate.

It can also be challenging to work with an individual who is very withdrawn and appears to have little to say. Often, this lack of speech may reflect preoccupation with internal stimuli (listening to voices, for example) or the slowed thinking and speech more typical of cognitive difficulties or negative symptoms. When conducting educational sessions with a person with this pattern of speech, it may be very hard to draw the person out and get his or her thoughts on the topic being discussed. Here, it is imperative that the family clinician slow the conversation down. Sitting close but across from the person may help to facilitate conversation. The family clinician should direct occasional questions or comments to the person, and then be prepared for a period of silence while the person organizes his or her thoughts before responding. It is sometimes tempting for the clinician or another family member to "fill in the gap" rather than wait for the person in FIRST to speak, but it is *very important* to provide enough space and time for the person to provide his/her input on the topic at hand. Sometimes people are confused or frustrated by their own lack of thoughts and get in the habit of responding quickly and almost automatically with "I don't know" after almost any question is asked of them. The family clinician should try to get past the "I don't know" by encouraging a guess, or telling the person to take his/her time, or asking how others might answer the question. The goal here is to give the person the chance to begin to speak his/her own mind, even if it is hard, and to model ways the family members can do this at home.

Some people who experience a first episode of psychosis, especially when they are symptomatic, refuse to acknowledge a specific psychiatric disorder. In light of the cognitive limitations imposed by psychosis and the stigma associated with having a psychiatric illness, this is not surprising. There is little value in trying to persuade them about their specific diagnosis, as this often only agitates them and erodes the therapeutic alliance. Instead, the family clinician has three options:

1) Many people that have experienced a first episode of psychosis will acknowledge they are having "problems," "difficulties," or "emotional problems" – even if they deny they have experienced (or are experiencing) psychosis. In such cases, the family clinician can just mirror this language when talking about the specific person's experience and talk more generally about "people who have had psychosis" when conducting the education or using the handouts. This can seem much less threatening to the person in FIRST. If the person reiterates that he or she has problems but does not have psychosis, the family clinician can just say, "We are talking about people who have problems like those you have experienced." Although this may seem awkward, this strategy actually works in many cases.
2) If the person is insistent that he or she does not have any problems, the family clinician can still offer an abbreviated education component, emphasizing the stress-vulnerability model and recovery stories, but de-emphasizing facts about psychosis and medication information; these can be revisited when the person in FIRST seems more open to them.
3) The person may agree to FIRST Family Psychoeducation for the family but decline to attend him/herself. Here, the family clinician proceeds with the material as planned and has an "open door" policy for the person in FIRST. It is crucial that the family clinician *as well as* the entire FIRST treatment team continue to talk with both the person in FIRST and the family on an *ongoing basis* about the importance of family involvement and family psychoeducation.

PHASE THREE: Planning Next Steps

Planning Next Steps involves 1) the person and their family electing to no longer continue in family psychoeducation; 2) supplemental sessions involving an in-depth review of one (or several) of the topics that had been covered during the Family Psychoeducation Program (FPE); 3) additional sessions as needed for crisis management, if/when situations should arise; 4) monthly check-ins with the family clinician; and/or 5) involvement with the National Alliance on Mental Illness (NAMI) in your area.

No further family work, at this time

The family may decide that they no longer need or desire additional FPE sessions or contact with the family clinician at this time. It may be that circumstances at home have changed and finding time for additional sessions is not feasible at present. Reassure the family that they have worked hard in the FPE and have gained a wealth of knowledge and skill as they move forward. Encourage the family to commit to at least one monthly check-in to ensure that no further assistance or support is needed at this time and to explore progress made and how the family has tackled any setbacks. However, if the family elects not to schedule a monthly check-in, be sure to reinforce that you and the FIRST team are available to them should the need arise in the future. Provide each person in the family (including the person) with your business card so they may reach you at a later date.

In-depth review of specific topic(s) covered

A subset of families will likely benefit from more intensive work or a more extensive review of one of the topic areas covered. Indicators of a need for a more intensive level of services include 1) person or family not making desired progress on goals; 2) continued high levels of conflict in family; and 3) a family member initiating frequent contact with the FIRST treatment team with many concerns about treatment and/or the person. When considering if providing a more in-depth review of the material will be beneficial to the family, the family clinician should also take into account whether the issue might be better served through another resource (in which case the family can be referred to other resources for appropriate assistance).

At this point, the family clinician will have a great deal of information about the first episode of psychosis person and his/her family members, including the person's progress on goals, family's progress on goals, level of program participation, individual person and family strengths, levels of family conflict, and issues that may interfere with ongoing recovery. Given this knowledge about the family, the family's reported desire to engage in additional sessions on topics of their choosing, and the family clinician's assessment of the potential benefits of - and level of need for - providing additional information sessions, supplemental sessions may be scheduled at this time. Once the family has expressed interest and the family clinician believes the family will benefit from these additional sessions, progress made on goals thus far should be evaluated. In addition, new goals for the person and their family should be established, as well as setting a time frame to complete these sessions, as we do not want supplemental sessions to evolve into family therapy. Supplemental sessions should be provided only after the original FPE manual has been completed. Additional information for these supplemental sessions will be provided to the family clinician in a separate binder.

Sessions as needed for crisis situations

Most of the contact between the family members and the family clinician will occur during the monthly check-in meetings. While many issues can be resolved during these sessions, some problems may require more extended effort to address this successfully. Examples of these kinds of issues might include 1) managing an incident of aggression in the home; 2) the person's ongoing problems with substance use; or 3) helping the person prepare to go back to school. When the family clinician becomes aware of such an issue, he/she can offer the family a series of meetings wherein he/she can consult with the person and their family members about how to address the issue. Additionally, crises do arise (e.g., hospitalization of the person, death in the family) that require brief crisis intervention to 1) help the family return to a more stabilized state; 2) reinforce the skills learned in FPE; and 3) remind each family member and the person in FIRST that they have support from the FIRST treatment team during highly stressful times. These crisis/consultation sessions should not be conceptualized as "traditional" FPE sessions, as the family clinician is serving primarily as a consultant and resource to the family. Typically one-to-three, 50 minute sessions are scheduled over a month's time, with family members completing specified homework between sessions to work on resolving the problem or crisis. Keep in mind that any member of the FIRST treatment team can suggest holding these sessions if they become aware of a crisis situation or specific problem that could benefit from a brief consultation with the family clinician. This is why communication amongst the FIRST treatment team is vital.

Monthly check-ins with the family

Many families will only need a modest level of services from this point, which would typically include monthly contact ("monthly check-ins") with the family clinician (preferably in person, but may be done by phone).

It is critical for the person, the family members, and the FIRST treatment team to continue to be able to share information. Planned monthly contacts with the family clinician provide a forum for this information sharing, as well as providing an opportunity to see how the family is faring. It is preferable for the meetings to be held face-to-face during the first year, with both the family members and the person participating; however, if necessary, phone contact will suffice. Family members should be called one day in advance to remind them of the face-to-face meetings. Typical monthly contact meetings would last for 50 minutes. As the family members raise issues, the family clinician reviews educational material, gives advice and guidance, or problem-solves to resolve concerns.

Involvement with local National Alliance on Mental Illness (NAMI) Chapter

An additional resource available to families/support persons (as well as some programming for individuals diagnosed with a mental illness) is NAMI. NAMI is volunteer, nonprofit, support and advocacy organization comprised of consumers, families and friends of people living with severe mental illnesses. Please be sure to have basic contact information for the local NAMI chapter and a description of NAMI available to families as they complete FPE. It may be helpful for the family clinician to discuss NAMI during FPE sessions and encourage families to contact the local NAMI chapter.

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PHASE ONE

- ✓Engagement
- ✓Orientation
- ✓Assessment

Clinical Guidelines for the Family Engagement Phase

Goals

1. Help persons in FIRST feel comfortable with the FIRST Team approach and staff.
2. Explain the components of FIRST.
3. Answer any questions the person asks.
4. Schedule the initial FIRST family education orientation/assessment meeting.

Handout

1. Family Introduction to the FIRST Program

SESSION STRUCTURE:

START – A Method for Structure - Each meeting should be structured to get the most out of the time with the client. A simple way to ensure this is to use the START method.

S **Socialize, support, safety** – Mindset for the beginning of each visit; make each meeting safe and supportive

T **Target** – Identify a target/goal to work on during the encounter

A **Action** – Conduct session working toward individual and family goals

R **Review** – Check for each participant's understanding of session content, and solicit any feedback they have for you

T **Take-home work** – Task to work on before the next meeting

GENERAL INTERVENTION STRATEGIES:

- The primary goal of this phase is to make people feel comfortable with the team and to establish the mindset that this situation is manageable.
- Set a positive tone, give lots of praise and use humor when possible.
- Ask more questions than you make statements; use frequent summaries of what the person has said.
- When discussing a given topic (e.g., auditory hallucinations; depression), ask the person to give concrete examples, which will help them to better remember the concept.
- When there are multiple first episode of psychosis participants, make sure all get a chance to talk.

- Be prepared for a range of emotions as the information is explored. Concerns and anxiety about the causes of the illness as well as the future are to be expected.
- Family Members (especially parents) may also express guilt over some perceived responsibility for the development of the illness.
- Keep conflict during the meetings to a minimum. Do not hesitate to be very active in reducing conflict. Strategies to reduce conflict include:
  - Highlighting similarities in participants' positions.
  - Encouraging family members to treat each other with respect.
  - Reminding family members that conflict tends to make symptoms worse.
  - Helping people "agree to disagree" on less critical points.
  - Take a short break (5 min.) in sessions so people in FIRST can compose themselves (get a drink of water, get a breath of fresh air, etc).
  - Schedule shorter sessions if conflict is ongoing and consider moving training on communication skills earlier.
  - Confer with the IRT clinician frequently so that everyone is on the same page about how information is being conveyed; attending team meetings is essential.

GENERAL INSTRUCTIONS FOR THE HANDOUT:

- Review the "Family Introduction to the FIRST Program" handout; summarize each point on each sheet and ask if anyone has any questions.
- Give each person a copy to take home.

Family Introduction to the FIRST Program

- The FIRST program is designed to help a person who has experienced a psychotic episode, and his/her family members and supporters, learn the skills and information needed to help the person get back on his/her feet and work towards having a rich and full life.
- The FIRST program involves a number of different interventions, including medication, Individual Resiliency Training (IRT), help getting back to work or school (Supported Employment/Education or SEE), and a family support/education program (family psychoeducation or FPE) to increase the chances of recovery from psychosis.
- These interventions have been shown to be effective in helping people get on with their lives after they have experienced a psychotic episode. There is hope for recovery.
- Family members will learn strategies that will help them support the person in FIRST to pursue his/her goals and get on with his/her life.
- The person in FIRST will be working with a team to help him/her with his/her goals including a doctor, team leader, a clinician for counseling and resiliency training, and an expert on work and school issues. He/she will learn coping strategies that will help him/her better manage his/her situation and reach his/her goals.

FIRST Treatment Components

Treatment	Provider	Aims
Psychiatric Care	Psychiatrist, Nurse	Monitor use of medication to reduce symptom distress
Family Psychoeducation	FIRST Team Leader	Provide information and skills to help families move forward in recovery
Individual Resiliency Training	IRT Clinician	Work collaboratively to make progress towards goals and improve functioning
Supported Employment/Education	Employment/Education Specialist	Provide support and tips to help you get back to work or stay in work
Case Management/ Supported Education	Case Manager	Provide support for needs in community and help you get back to school or stay in school

Learn the truth about schizophrenia

A lot of what you see or hear about schizophrenia in the media or from others is not true.

You may hear: People with schizophrenia are dangerous.
The truth: Most people with mental illness are not dangerous, and most people who are dangerous are not mentally ill.

You may hear: People with schizophrenia have split personalities.
The truth: People with schizophrenia do not have split personalities.

You may hear: People with schizophrenia never get better.
The truth: With the right treatment, people with schizophrenia can and do improve their lives. Many people with mental illnesses enrich our lives.

You may hear: Schizophrenia is a result of bad parenting or weak character.
The truth: Schizophrenia is no one's fault. No one causes it. No one is to blame for it.

Guide to FIRST Family Psychoeducation

PHASE 1:

Joint Introductory Session: General introduction to FIRST for all family members who will be participating in Family Psychoeducation

Individual Sessions: Each family member, including the person in FIRST, will meet with the family clinician individually to complete the Family Member Interview Guide

Joint Introductory Session: Introduction to FIRST Family Psychoeducation

PHASE 2:

Joint Educational Sessions: Approximately 10-15 sessions to complete the different modules of the program

PHASE 3:

- No further family work at this time
- In-depth review of topic(s) covered
- Sessions as needed for crisis or consultation
- Monthly check-ins
- Involvement with NAMI

FIRST Family Member Interview Guide:

PERSON IN FIRST FORM

The following is a guide from which you can select questions to help you get to know each person and his/her goals, strengths, relationships, stressors, etc. You do not need to complete each question.

Person in FIRST name: ___________________________________ Date: ______________

I. Self-Care and Strengths

A. How do you spend a typical day? What activities do you spend time doing (e.g., work, chores, hobbies, watching TV)? (Briefly describe a typical day.)

B. What are the things you like to do on a day off from work/school or a free day? Do you have enough opportunity to do these things?

C. What, if anything, prevents you from doing the things you like?

D. What do you see as your strengths? What are some of your good points?

II. Relationship with Family Member

For the following questions, think about the family member(s) or support person(s) involved in this FIRST Family Psychoeducation program with you.

A. How long have you known (this family member)?

B. Tell me a little about (this family member) and how the two of you get along. How is your relationship?

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C. How much time do you get to spend with (this family member) each day? ________ Each week? _______ Do you feel like this is enough time, too little time, too much time?

D. What are some of (this family member)'s strengths, some of his/her good points?

E. What do you like most about (this family member), or about your relationship with him/her?

F. How do you and (this family member) typically communicate/interact? (For example, is there a lot of yelling? Does someone walk away from arguments? Does someone refuse to talk about problems? Do you communicate calmly and effectively?)

G. What are the main difficulties you have experienced with (this family member)?

H. What worries you the most about (this family member), or about your relationship with (this family member)? How do you cope with these difficulties?

III. Relationships with Others/Other Support

A. What other members of your family are you close to and can lean on for support?

B. Do you have people outside your family (people other than blood relatives) that you are close to and can lean on for support?

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C. Do you have someone you can discuss your problems or worries with? Who is that person(s)? What is your relationship like with that person?

D. How do you and this person typically communicate? (For example, is there a lot of yelling? Does someone walk away from arguments? Does someone refuse to talk about problems? Do you communicate calmly and effectively?)

IV. Discussion of Diagnosis

A. What do you understand about your psychiatric problems/diagnosis?

B. Are you familiar with what the disorder is called?

C. How long have you experienced symptoms of this disorder?

D. What do you think caused it?

E. Tell me a little bit about your life before you developed these recent psychiatric symptoms. What were you doing with your time? How had work or school been going? What was happening in your family? Any problems you were dealing with?

F. Does your family see eye-to-eye about what is happening with your recent diagnosis and treatment? If not, does this cause problems within the family?

G. Do you think you need treatment?

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H. What do you think would be most helpful for you at this time?

I. Tell me about the circumstances that led up to you getting treatment here?

J. How do you feel your psychiatric treatment is going?

V. Symptoms and Medication

A. What are some symptoms that you have noticed, or some symptoms that sometimes frustrate you or interfere with your relationships, namely with (this family member)?

B. Have you noticed anything that seems to make your symptoms better?

C. Have you noticed anything that seems to make your symptoms worse?

D. What do you know about the medication(s) you are currently prescribed? Do you see any benefits of this medication(s)?

E. Have you been taking the medication(s) as the doctor prescribed? If not, what's stopping you? (For example, forgetfulness, side effects, just don't want to)

F. Are you experiencing any unpleasant side effects of this medication? If so, what do you do to cope with these unpleasant side effects?

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VI. Additional Topics Related to Person in FIRST's Disorder

A. Has substance use or alcohol been an issue for you?

B. Has there ever been a time when you have gotten so upset that you couldn't control your temper? Have you ever gotten physical with anyone? Has anyone ever gotten physical with you?

C. Have you had any involvement with the criminal justice system?

D. What do you think will happen with your mental health in the future?

E. Do you feel hopeful about your future in general?

VII. Stressors

A. What difficulties or stressors are you currently facing in your life?

B. What difficulties or stressors are other people in your family/in your life experiencing?

C. Does this cause problems or tension at home?

D. Does this impact you specifically? If so, in what ways (e.g., cause distress, increase symptoms)?

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E. What issues, situations, or problems do you feel you need the most help getting through or managing at this time?

VIII. Goals

A. What are some of your personal goals? (Both short-term over the next couple months, and long-term over the next couple years.) What are some goals you have for your family (as a unit) that this program might help you achieve?

B. Could any of your personal strengths you mentioned earlier help you reach your goals?

C. Tell me a little bit about why you decided to join this program with your family.

D. What are your expectations of me [as the family clinician]?

IX. Additional Information

A. Have you been involved in other programs like this one, or programming outside of the agency setting, such as the National Alliance on Mental Illness (NAMI)? (If so, please list them.)

B. Anything else that you think would be important for me to know?

C. Any questions for me [as the family clinician]?

FIRST Family Member Interview Guide:
FAMILY/SUPPORT PERSON FORM

The following is a guide from which you can select questions to help you get to know each person and his/her goals, strengths, relationships, stressors, etc. You do not need to complete each question.

Family/support person name: _____________________________ Date: _______________

Relationship to person in FIRST: ____________________________

Preferred phone number: ________________________________

I. Self-Care and Strengths

A. How do you spend a typical day? What activities do you spend time doing (e.g., work, chores, hobbies, watching TV)? (Briefly describe a typical day.)

B. What are the things you like to do on a day off from work/school or a free day? Do you have enough opportunity to do these things?

C. What, if anything, prevents you from doing the things you like?

D. What do you see as your strengths? What are some of your good points?

II. Relationship with Person in FIRST

A. How long have you known (person in FIRST)?

B. Tell me a little about (person in FIRST) and how the two of you get along. How is your relationship?

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C. How much time do you get to spend with (person in FIRST) each day? ________ Each week? _______ Do you feel like this is enough time, too little time, too much time?

D. What are some of (person in FIRST)'s strengths, some of his/her good points?

E. What do you like most about (person in FIRST), or about your relationship with him/her?

F. How do you and (person in FIRST) typically communicate/interact? (For example, is there a lot of yelling? Does someone walk away from arguments? Does someone refuse to talk about problems? Do you communicate calmly and effectively?)

G. What are the main difficulties you have experienced with (person in FIRST)?

H. What worries you the most about (person in FIRST), or about your relationship with (person in FIRST)? How do you cope with these difficulties?

III. Relationships with Others/Other Support

A. What other members of your family are you close to and can lean on for support?

B. Do you have people outside your family (people other than blood relatives) that you are close to and can lean on for support?

C. Do you have someone you can discuss your problems or worries with? Who is that person(s)? What is your relationship like with that person?

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D. How do you and this person typically communicate? (For example, is there a lot of yelling? Does someone walk away from arguments? Does someone refuse to talk about problems? Do you communicate calmly and effectively?)

IV. Discussion of Person in FIRST's Disorder

A. What do you understand about (person in FIRST)'s psychiatric problems/diagnosis?

B. Are you familiar with what the disorder is called?

C. How long has (person in FIRST) been ill with (e.g., experienced symptoms of) this disorder?

D. What do you think caused (person in FIRST)'s mental health problems?

E. Tell me a little bit about your life before (person in FIRST) developed these recent psychiatric symptoms. What were you doing with your time? How had work or school been going? What was happening in your family? Any problems you were dealing with?

F. Does your family see eye-to-eye about what is happening with (person in FIRST)? If not, does this cause problems within the family?

G. Do you think (person in FIRST) needs treatment?

H. What do you think would be most helpful for (person in FIRST) at this time?

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I. Tell me about the circumstances that led up to (person in FIRST) getting treatment here?

J. How do you feel (person in FIRST)'s psychiatric treatment is going?

V. Symptoms and Medication Related to Person in FIRST's Disorder

A. What are some symptoms that you have noticed, or some symptoms that sometimes frustrate you or interfere with your relationship with (person in FIRST)?

B. Have you noticed anything that seems to make (person in FIRST)'s symptoms better?

C. Have you noticed anything that seems to make (person in FIRST)'s symptoms worse?

D. What do you know about the medication(s) (person in FIRST) is currently prescribed? Do you see any benefits of this medication(s)?

E. Do you know if (person in FIRST) has been taking the medication(s) as the doctor prescribed? If (person in FIRST) is not taking medications as prescribed, does he/she give you reasons why (e.g., forgets, side effects, just doesn't want to)?

F. Do you know if (person in FIRST) is experiencing any unpleasant side effects of this medication? If so, do you what (person in FIRST) does to cope with these unpleasant side effects?

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VI. Additional Topics Related to Person in FIRST's Disorder

A. Has substance use or alcohol been an issue with (person in FIRST)?

B. Has there been any problem with (person in FIRST) becoming violent or aggressive when upset or experiencing symptoms?

C. Has (person in FIRST) had any involvement with the criminal justice system?

D. What do you think will happen with (person in FIRST)'s disorder in the future?

E. Do you feel hopeful about the (person in FIRST)'s future in general?

VII. Stressors

A. What difficulties or stressors are you currently facing in your life?

B. What difficulties or stressors are other people in your family/in your life experiencing?

C. Does this cause problems or tension at home?

D. Does this impact (person in FIRST)? If so, in what ways (e.g., cause distress, increase symptoms)?

E. What issues, situations, or problems do you feel you need the most help getting through or managing at this time?

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VIII. Goals

A. What are some of your personal goals? (Both short-term over the next couple months, and long-term over the next couple years.) What are some goals you have for your family (as a unit) that this program might help you achieve?

B. Could any of your personal strengths you mentioned earlier help you reach your goals?

C. Tell me a little bit about why you decided to join this program with (person in FIRST).

D. What are your expectations of me [as the family clinician]?

IX. Additional Information

A. Have you been involved in other programs like this one, or programming outside of the agency setting, such as the National Alliance on Mental Illness (NAMI)? (If so, please list them.)

B. Anything else that you think would be important for me to know?

C. Any questions for me [as the family clinician]?F

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Clinical Guidelines for the Family Orientation Phase

Goals

1. Explain the format of the family education component of FIRST
2. Review issues about mandated reporting
3. Review the Tip Sheet for Helping Persons in FIRST
4. Give family members the “Sam’s Story” handout
5. Elicit information on the family members’ understanding of symptoms, causes, course, medications, and the impact of stress on the person in FIRST’s life
6. Schedule the first FIRST educational meeting

Handouts

1. Family Education Orientation Sheet
2. Tip Sheet for Helping Persons in FIRST who are Experiencing High Levels of Distress
3. Consent form from FIRST or from your agency
4. Sam’s Story handout
5. Staff contact info and emergency phone numbers (this handout should be written by the FIRST team and copied for all family members)

SESSION STRUCTURE:

START – A Method for Structure

Each meeting should be structured to get the most out of the time with the client. A simple way to ensure this is to use the START method.

S **Socialize, support, safety** – Mindset for the beginning of each visit; make each meeting safe and supportive

T **Target** – Identify a target/goal to work on during the encounter

A **Action** – Conduct session working toward individual and family goals

R **Review** – Check for each participant’s understanding of session content, and solicit any feedback they have for you

T **Take-home work** – Task to work on before the next meeting

GENERAL INTERVENTION STRATEGIES:

- The primary goal of this phase is to help family members understand FIRST Family Psychoeducation and for you to get to know them better.
- Set a positive tone, give lots of praise and use humor when possible.
- Ask more questions than you make statements; use frequent summaries of what the person has said.
- When discussing a given topic (e.g., auditory hallucinations; depression), ask the person to give concrete examples, which will help them to better remember the concept.
- When there are multiple participants with a first episode of psychosis, make sure all get a chance to talk.
- Be prepared for a range of emotions when information is explored. Concerns and anxiety about the causes of the illness as well as the future are to be expected. Family members (especially parents) may also express guilt over some perceived responsibility for the development of the illness.
- Keep conflict during the meetings to a minimum. Do not hesitate to be very active in reducing conflict. Strategies to reduce conflict include:
    - Highlighting similarities in family members' positions.
    - Encouraging family members to treat each other with respect.
    - Reminding family members that conflict tends to make symptoms worse.
    - Helping people "agree to disagree" on less critical points.
    - Take a short break (5 min.) in sessions so everyone can compose themselves (get a drink of water, get a breath of fresh air, etc)
    - Schedule shorter sessions if conflict is ongoing and consider moving training on communication skills earlier.
    - Confer with the IRT clinician frequently so that everyone is on the same page about how information is being conveyed; attending team meetings is essential.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Review the orientation and tip sheet handouts; summarize each point on each sheet and ask if anyone has any questions.
- Give each person a copy to take home.
- Conduct an individual interview with each family member, including person in FIRST, using the
- FIRST Family Member Interview Guide form; be flexible in scheduling.
- Give all family members a copy of "Sam's Story"; they can read it while they are waiting for an assessment or before the next session.
- Provide all family members with staff contact information and emergency phone number (note that this should be prepared in advance by the FIRST team).

Family Psychoeducation Orientation Sheet

Welcome! This program has been developed for families who have a member recovering from an initial episode of psychosis. We understand that an episode of psychosis can be upsetting and difficult to deal with. We also believe that support from loved ones can be a critical building block in recovery from psychosis.

- In FIRST Family Psychoeducation you will meet regularly with a clinician who is a member of the FIRST team. It is ideal to meet with the whole family together, including, of course, the member who is recovering from an initial episode of psychosis.
- Even if the person in FIRST does not come to these sessions, other family members should still come to the sessions. The person in FIRST will be learning much of the same information in other parts of FIRST, so you can still work together.
- Family members will also be invited to be part of the FIRST Individual Resiliency Training (IRT) and Supported Employment/Education (SEE) programs, as long as the person in FIRST consents. We value your input.

The goals of FIRST Family Psychoeducation are to:

- ✓ To provide information about psychosis, treatment, substance use, strategies to cope with stress and the role of the family in recovery
- ✓ To encourage family members and friends to be active members of the recovery team and enlist family members and friends' input to and cooperation with the treatment plan
- ✓ To provide hope for recovery
- ✓ To support family members and friends
- ✓ To discuss family and personal strengths, resiliency and goals
- ✓ To help develop communication and problem-solving skills
- ✓ To help relatives assist the person in FIRST to monitor his or her symptoms and prevent relapses

FIRST Family Psychoeducation is organized into a series of stages, each containing a number of specific topics.

- First, we are going to review with you a tip sheet on how you might manage difficult situations you may be encountering in your first few months in FIRST.

- We also have the story of one of our participants in FIRST with psychosis, who is working on his recovery with his family, which we want to share.

- In the following section, we will also be asking you questions to get a better picture of how to best help you.

- Information about your situation helps us figure out what types of treatment your family needs to support recovery from psychosis.

The local FIRST team works with a national group funded by the National Institute of Mental Health to assure that the services we provide are as strong as they can be. We are fortunate that the members of our team can obtain consultation from the mental health professionals who developed the FIRST program to be sure we are providing the most beneficial services to your family.

A few words on keeping everyone safe

The FIRST teams works together closely to support the recovery of people in the program, and information shared with any member of the team will be shared with other members of the team if it might be useful in developing the strongest recovery plan possible. The FIRST Team is also committed to protecting the safety of all family members. As you may know, there are laws that require mental health professionals to get help if there are concerns about the safety of individuals with whom they work. If anyone on our team has concerns about child abuse, elder abuse, or impaired person abuse, we will tell the authorities and get help. We will also get help from others if we have concerns that any person may do something to hurt him or herself or anyone else.

We are eager to begin this program.
We look forward to working with you.

Tip Sheet for Helping Persons in FIRST

Psychosis often causes people to experience high levels of distress—such as anxiety, suspiciousness, confused thinking, or unusual thoughts or perceptions. Medications usually help with this, but they sometimes take a few weeks or months to achieve their full benefits. In the meantime, many family members have found the following guidelines useful when interacting with a family member in acute distress.

Keep expectations minimal, but don't let them all go

In addition to having unusual thoughts and perceptions, persons with psychosis may be dealing with unpleasant medication side-effects and confused thinking. They may be so uncomfortable that they stop doing routine activities, such as taking showers, coming to meals, or taking medication. While family members should be understanding about how difficult it may be to continue to do day-to-day activities, taking care of oneself often lifts our mood and helps us feel more a part of the world. Family members should continue to have small but manageable expectations for their family member to maintain a routine, such as washing each day, attending family meals, getting out of the house for some fresh air most days, etc.

Encourage but do not nag. Choose your battles

People with psychosis are uniquely sensitive to criticism, and this can lead to an increase in symptoms or social withdrawal. When individuals first begin treatment, they may have a hard time functioning. Praise your family member for taking any small steps to getting better, and limit your criticism. Focus on the priority issues— taking medication, making appointments, getting up for a part of each day. There will be time to deal with bigger issues later.

Help your family member keep as close to a normal routine as possible

It is very easy for persons experiencing psychosis to get off their schedules—such as sleeping most of the day and staying up much of the night. This kind of schedule develops for some people because medication side effects make them feel sleepy during the day or because they feel a little "safer" being awake at night when fewer people are around and social demands are less. Unfortunately, sleeping all day may lead to missing

appointments and interfere with recovery efforts. While it is important to recognize that persons recovering from psychosis usually need more rest, keeping a regular schedule as much as possible can help them get back on track sooner.

Don't argue with a family member over worrisome thoughts

If the person in FIRST expresses an unusual thought or experience as a "fact," don't argue the truth of it. If the person in FIRST reports an odd belief such as "The TV is watching me" or "We are not safe here," arguing with him/her may only prompt him/her to state his/her point more firmly. Few of us like to be contradicted. If the person in FIRST offers an odd belief such as "The TV is watching me" or "We are not safe here," you don't have to agree with him or her, but you don't have to argue either. When people with a psychosis state these types of beliefs, they usually believe them firmly, and hold onto them tenaciously. Instead of arguing, family members can empathize with the underlying feeling the person might be having—such as fear, confusion, frustration, or uncertainty.

Here is an example:

- Person with psychosis—"We need to leave the restaurant. Everyone is looking at me."
- Family Member—"It sounds like you feel very uncomfortable. I know this is hard. Let me just finish my sandwich and we can go." Note that the family member did not say "No, that is not true. No one is looking at you." This statement might only make the person with psychosis argue more strongly that people are looking at him.

Continue to do any enjoyable activities together

If you and the person in FIRST used to like watching sports together, see if you can watch a little of a ball game together. If the two of you used to like going for a ride to get a cup of coffee, try to go even if you only spend a short time at the coffee shop. Continue to look for positive, low stress activities to help you feel connected.

Take Care of Yourself

In times of stress, family members sometimes neglect their own health and well-being. It is important to attend to your own needs, too. Try to eat regular meals, get enough sleep, get out of the house, and do things that help you cope with the stress you are naturally experiencing. Be gentle with yourself.

Managing Crises

Many urgent situations can be anticipated—family members may have a suspicion the person in FIRST is not taking his/her meds, or feeling hopeless, or getting more agitated. You may be able to use the tools you get in FIRST Family Psychoeducation to resolve difficulties. Sometimes people in the FIRST program just need a day or two of reduced stress to feel back to their old selves. However, in more urgent situations, getting help earlier (rather than later) can help alleviate a lot of stress and reduce the likelihood of hospitalization. Here are some quick guidelines if more help than the family can provide is needed:

1. Have the contact information for the person in FIRST's IRT and family clinicians so you can call easily if you think the family needs help.
2. Call for help earlier in the day. If you call the clinic at 9:00 in the morning, your family member may be able to see the clinician or doctor that day. If you call at 4:00 pm, this will be much harder to accomplish.
3. Know the emergency procedures for the clinic in advance—your family clinician can help with this. Is there a crisis team that can come out to your house if there is a need for an emergency evaluation and you cannot get to the clinic (like at night or on the weekend)?
4. Err on the side of caution. IF there is any issue of safety—you think someone may get hurt or hurt themselves—address the issue immediately!!!

Sam's Story

In 2003, Sam felt he was at the top of the world. He was 23--the assistant art editor of a local magazine, had graduated from a great college a year ago, and was living a wonderful life in San Francisco. He thought things were going very well—so well that he started taking on a lot of extra responsibilities at work and was working very long hours—often leaving the apartment at 7:00 am and not getting home till 8:00 pm at night. His boss was pleased with him. Between work and going out to clubs with friends three or four nights a week, he had a lot going on. In retrospect, he thinks he was drinking more then he should have been. He began to have some difficulty settling down at night when he tried to go to sleep—he felt keyed up, with a lot of thoughts on his mind—some about projects at work, some about people he was meeting. He found himself staying up later and later, often only getting a few hours sleep. He felt more tired in the morning—everything seemed a bit more of an effort—dressing sharply for work, taking a shower. Nevertheless, he thought he was being very creative at work and became increasingly convinced others were stealing his ideas and his thoughts. He was thinking so clearly, he was pretty sure they could tell what he was thinking. He started calling his parents at least every other day complaining about his co- workers taking his ideas.

At first his mom and dad just tried to reassure him, but when he started calling them at all hours of the night to complain, they got increasingly nervous. They kept telling him to not worry about what others were doing and just concentrate on himself, but obviously the reassurance was not working. After a couple of weeks, they decided to drive to his apartment one weekend. When they got there, they were shocked—there was artwork and pictures everywhere, the place was a mess and Sam seemed distracted, often mumbling to himself, looking off, very disheveled. They were at a loss at what to do. They finally persuaded him to come home with them for a couple of days rest; he was awake most of the nights pacing. On Monday, Sam's mom called her physician and she suggested they take Sam to the emergency room. At first Sam's dad was reluctant—he just wanted his son to

"settle down and stop it." Sam's mother argued that that strategy was not working and since they did not know any psychiatrists or other mental health professionals they should go to the emergency room. They could not figure out whether to tell Sam where they were going; they finally drove to the hospital and just told Sam they needed to get some help to relax him. He initially did not want to go in, but he admitted he needed some help for sleep and finally agreed to go in. Sam was evaluated at the hospital and admitted. He did not want to be admitted, but the staff told him if he did not sign in

voluntarily they would put him on a hold—he signed in himself. The doctors said he was having a "psychotic" reaction.

Then began the "year of hell" as Sam's father used to say. Sam got out of the hospital and was on medication, but he was slowed and distracted. He was not in any shape to work and his parents had to call and get him a medical leave. Sam's parents were too afraid to have Sam live alone so he stayed with them and they found a local psychiatrist. They tried to be sure one of them was always at home. Sam was clearly depressed and talking about suicide. He was hearing voices that said he should hurt himself and he was doing little with his days; he was not working, he did not see his friends, he was too distracted to watch TV or read. Another medication was tried and then a third, but Sam still thought others could read his thoughts and was very suspicious. He was in and out of the hospital. His parents monitored his medication closely, but little seemed to help.

The whole family was stressed. Sam's father's blood pressure was high and his mother's ulcers started acting up. After about 6 months Sam's doctor finally tried a new medication—Sam's fourth —and this one seemed to help a bit. Sam could sleep through the night and quit talking to himself. He still complained he "could not think straight" and he was very withdrawn, but he no longer talked about hurting himself. He did not want to see friends or extended family and spent most of his time in his room. He was "tired" all the time.

Sam's mom and dad (and sometimes his brother when he was home from college) began to see a family mental health clinician who helped explain serious psychiatric illnesses to them. Sam had been in treatment for about 8 months by then, and now had a diagnosis of "schizoaffective" disorder. The family went to sessions for about 6 months every other week. They learned about symptoms and stress and medication and about not expecting too much from Sam early on. They started reading up on schizophrenia and schizoaffective disorder. Sam's parents encouraged him to go to the family sessions with them. For a few months he resisted, but he finally agreed to meet with the clinician one time. He liked her-- she was not too pushy and she acted like he could go back to work or move out from his parents--something good might happen eventually--like he would not be stuck forever.Sam did not want to go to family sessions but agreed to see a clinician on his own. They started working on symptom management and coping skills. The clinician kept asking him if he had goals or plans—he did not see how he could go to work, but he had always thought he would need to get more training in graphic design if he was going to be a successful art editor of a magazine, so he said he might want to try that. The clinician helped him figure out where he could take some classes, and they developed strategies so he could keep up with assignments, even if he felt tired

or confused, and to manage it if he felt anxious or suspicious in class. Sam's father kept asking when Sam was going to get back to work--"be a man"--but his wife reminded him that Sam seemed to be having some negative symptoms and they needed to go slow. She also reminded him that the family clinician had told them nagging would likely make Sam's symptoms worse.

Sam took the classes and did well. Even though he missed some classes because it was hard to get out of bed, he remembered he liked art a lot. He even made a couple of acquaintances in the class and agreed to go out with them to celebrate the end of the semester. He decided to continue the classes and get a Master of Arts in graphic design.It took another 18 months, but he felt relieved not to be working and he had some savings he could use to tide himself over. He even got a few freelance jobs.

During that time, he grew tired of living with his parents and found a studio apartment he could rent (with his parents' help). His parents were very anxious – they only consented to let him move out if he agreed to meet them twice a week for dinner and discuss his medication adherence. Sam thought that was a bit much, but he appreciated their support so he agreed.He did not like being on medication but he was pretty certain it was keeping him out of the hospital and that was enough for him.

It is now seven years later. Progress has been up and down, but Sam is living on his own and works part-time. He has a girlfriend and is in touch with many of his friends from high school and college. He has psychotic symptoms occasionally but nothing he cannot manage. Sam continues to see his psychiatrist and psychologist but less frequently, and most people meeting him would not think there is anything unusual about him. He has not been in the hospital since he got his medication stabilized. He worries a little that he will get sick again, but most days he does just fine. His family has been able to resume their normal activities; his brother decided to become a neuroscientist to try to understand mental illness better. Sam found out he has a number of strengths that help him be resilient. He is smart, creative, sociable, persistent, appreciative, and courageous. His parents found out they also had a number of traits that help them to be resilient--they are caring, loyal, assertive when they need to be, and diligent. Sam and his parents still try to make a point of having dinner once a week--Sam figures it is the least he can do to help them feel ok, and he enjoys their company.

PHASE TWO

✓STABILIZATION
✓FACILITATING RECOVERY

Clinical Guidelines for Introduction to Just the Facts Sessions

OVERVIEW:

Providing information to families and other supporters so they can assist in recovery from psychosis is a critical aspect of FIRST. All persons who have suffered a first episode of psychosis should be encouraged to involve their family members and/or other supporters in the program. Approximately half of the people in FIRST are likely to participate in joint educational sessions with their family members and supporters. Most of the other half of the people in FIRST will agree to their family members participating in educational sessions but will not attend the sessions themselves. People in the FIRST program will receive the basic educational materials in Individual Resiliency Training (IRT) sessions. Typically, the first formal educational session will begin with a review of the "Introduction to Just the Facts Sessions" handout and then move to the first specific topic "Assessment and Initial Goal Setting

Goals

1. Elicit information on the participants' understanding of symptoms, causes, course, medications, and the impact of stress on the participant's life.
2. Provide psychoeducation that addresses gaps in the participants' knowledge about psychosis, treatment, substance use, strategies to cope with stress, and the role of the family in recovery.
3. Provide a message of hope and optimism by outlining the possibilities for treatment and recovery in the future.
4. Legitimize the psychiatric disorder.
5. Reduce negative emotions in family members.
6. Enlist family members' cooperation with the treatment plan.
7. Facilitate family members' ability to monitor the disorder.

Handouts*

1. Introduction to Just the Facts Sessions

* With the exception of Introduction to Just the Facts Sessions, each handout takes at least one session to complete. There is a separate clinical guideline for each handout in all subsequent modules.

Bring to every FIRST session

- Your clinician ,manual, which includes a copy of all the handouts so you can review if a topic comes up unexpectedly
- A copy of the completed relapse prevention sheet (once it is completed as part of family psychoeducation or IRT)
- Blank copies of the problem-solving and decisional balance sheets to address unexpected issues
- Copies of all the problem-solving sheets the family has completed (*make sure you copy before they leave each session*)
- A flip chart and writing utensils

SESSION STRUCTURE:

START – A Method for Structure
Each meeting should be structured to get the most out of the time with the client. A simple way to ensure this is to use the START method.

S **Socialize, support, safety** – Mindset for the beginning of each visit; make each meeting safe and supportive

T **Target** – Identify a target/goal to work on during the encounter

A **Action** – Conduct session working toward individual and family goals

R **Review** – Check for each participant's understanding of session content, and solicit any feedback they have for you

T **Take-home work** – Task to work on before the next meeting

GENERAL TEACHING STRATEGIES:

- The educational process should be collaborative. Do not treat participants as students, but as individuals with whom you are trying to share information and come to a common understanding.

- Set a positive tone, give lots of praise and use humor when possible.

- Optimal education involves seeing **the world through the participants' eyes** and then making information relevant.

- Ask more questions than you make statements; use frequent summaries of what participants have said.

- Use the handouts to "fill in the gaps."

- When discussing a given topic (e.g., auditory hallucinations; depression), ask the participants to give concrete examples, which will help them to better remember the concept.

- Go at a reasonable pace, but do not force the material on the participants.

- When there are multiple participants, make sure all get a chance to talk.

- Be prepared for a range of emotions as the information is explored. Concerns and anxiety about the causes of the illness- as well as the future- are to be expected.

- Family members (especially parents) may also express guilt over some perceived responsibility for the development of the illness.

- Keep conflict during the meetings to a minimum. Do not hesitate to be very active in reducing conflict. Strategies to reduce conflict include:

  – Highlighting similarities in participants' positions.

  – Encouraging family members to treat each other with respect.

  – Reminding family members that conflict tends to make symptoms worse.

  – Helping people "agree to disagree" on less critical points.

  – Take a short break (5 minutes) in sessions so participants can compose themselves (get a drink of water, get a breath of fresh air, etc.)

  – Schedule shorter sessions if conflict is ongoing, and consider moving training on communication skills earlier.

  – Confer with the FIRST treatment team frequently so that everyone is on the same page about how information is being conveyed and has the most current information about the person in FIRST. This helps team members to reinforce other members' work with the person in FIRST and his/her family (e.g., praising family for good communication if the team member knows this is one of their goals).

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Begin with the "Introduction to Just the Facts Sessions" handout at the beginning of the first educational session to orient participants to the work over the next couple of months. Briefly review the contents.

- When using the review questions, introduce them as a way to ensure you have been clear but NOT as a way to tell if the participants learned anything. You should take responsibility about any information that was not understood and be open and willing to repeat (briefly) any critical information from the previous session.

- Home practice should be reviewed before starting a new handout. The Assessment and Initial Goal Setting Module provides one of the first opportunities to set up a routine for home practice assignments. By reviewing home practice at the beginning of each session, the participants understand the importance of practicing the skills learned in treatment in their own environment.

- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.

- You can either have participants take turns reading the text out loud or summarize the text for the participants, using Socratic questioning whenever possible.

- The highlighted boxes are useful talking points and take-home messages for the participants. They can also be used to help the participants to connect facts with their own life situation and goals whenever possible.

- Ask the participants highlighted questions to assess their knowledge and understand their perspectives.

- The tables can be filled out together or used as a discussion tool to individualize the topic to the participant's situation.

- You can use one of the home practice suggestions or individualize the home practice for the participant.

- Typically one session will be spent on each handout; however, with more complicated topics, two (or sometimes three) sessions may be required to cover the material adequately.

- Review the substance use handout if this has been a past or current problem for the person in FIRST.

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Clinical Guidelines for Assessment and Initial Goal Setting

OVERVIEW:

This module provides information about helping the person in FIRST and their family define recovery and resiliency that will help inform them when setting a personal goal or family goals. You will assess strengths and areas of improvement to collaboratively help them define their personal and family goals. Information about the steps in goal setting are presented, and then you work together to complete a goal planning sheet (or sheets) that breaks down the long-term meaningful goal(s) into 1 to 3 short-term goals (per long-term goal) .

Goals

1. Help to define what recovery means.
2. Define resiliency and identify resilient qualities.
3. Assess strengths and areas for improvement.
4. Review the steps of setting a goal.
5. Set a long-term meaningful goal that is broken down into 1 to 3 short-term goals.
6. Set a long-term goal as a family unit that is broken down into 1 to 3 short-term goals.

Handouts

1. Introduction to Assessment and Initial Goal Setting
2. Recovery and Resiliency
3. Identifying Strengths and Areas for Improvement
4. Setting Goals

SESSION STRUCTURE:

START – A Method for Structure

Each meeting should be structured to get the most out of the time with the client. A simple way to ensure this is to use the START method.

- **S** — **Socialize, support, safety** – Mindset for the beginning of each visit; make each meeting safe and supportive
- **T** — **Target** – Identify a target/goal to work on during the encounter
- **A** — **Action** – Conduct session working toward individual and family goals
- **R** — **Review** – Check for each participant’s understanding of session content, and solicit any feedback they have for you
- **T** — **Take-home work** – Task to work on before the next meeting

GENERAL TEACHING STRATEGIES:

- The educational process should be collaborative. Do not treat the family as students, but as individuals with whom you are trying to share information and come to a common understanding.
- Help the family to understand the benefits of recovery. Not everyone will be immediately invested in recovery. Help them examine the evidence to change or not to change. Weigh the advantages and disadvantages of changing to those of not changing.
- Allow plenty of time for interaction. During this module, the family is still sharing information about themselves.
- Be sure to give feedback about the purpose of the assessment and how the results will help better direct and inform treatment.
- Go at a comfortable pace. Because of possible cognitive difficulties, it may be necessary to present the information in small chunks.
- Each handout provides a table of suggestions to break up the information based on a person who is working at a slow or moderate pace. Others may be knowledgeable enough to go through the handout in one session.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- Each handout includes: sections of text, main points that are highlighted in boxes, questions, tables, and suggested home practice assignments.
- You can either take turns reading the text out loud or summarize the text.
- The highlighted boxes are useful talking points and take home message. It may be used to help them connect facts with their own life situations and goals.
- You should ask questions which are intended to facilitate discussion, assess knowledge, and understand perspective.
- The tables can be filled out together or used as a discussion tool to individualize the topic to each person's situation.
- The "Check it out" sections are placed throughout the handouts as opportunities to practice a skill or concept in session. After reviewing the skill or concept, there will be a description of how to practice it in session. The skill is then practiced through a role play with you.
- You can use one of the home practice suggestions or individualize the home practice for each person to practice the skills in a situation connected to his or her goal.

#1: Clinical Guidelines for Recovery and Resiliency

OVERVIEW:

In these handouts the family is introduced to the concepts of recovery and resiliency and given an opportunity to consider how they both relate them. You offer hope in their view of recovery. These handouts also begin the process of helping look towards the future and establish personally meaningful goals that will be followed up on throughout the rest of treatment.

Goals

1. Define the concept of recovery and explore what it means to the person in FIRST.
2. Define resiliency and how it relates to recovery and treatment.
3. Provide a message of hope and optimism by personalizing recovery and resiliency.
4. Identify benefits of taking a resiliency perspective to help set personal goals.

Handout

1. Recovery and Resiliency

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What is recovery? What is resiliency and how does it relate to recovery?	**Session 1**-What is recovery? What is resiliency and how does it relate to recovery? What is a resiliency perspective?
Session 2-What is a resiliency perspective?	

TEACHING STRATEGIES:

- Help the family see the personal benefits of engaging in recovery.
- Help identify what recovery means.
- Introduce the concept of resiliency and what it would mean for a person to be resilient.
- Review the qualities of resiliency and ask each person to identify people who have displayed these qualities and situations where resilient qualities would be most helpful.
- Discuss how the family could share the information that they have learned about recovery with a family member or supporter. Help practice how to approach this person(s) and bring up the topic of recovery.

TIPS FOR COMMON PROBLEMS:

- Be prepared for difficulty identifying with or accepting the concept of recovery. Acknowledge the difficulty and share that, although difficult at times, recovery is worth the effort.
  - To increase confidence, encourage them to talk about past accomplishments.
  - Reframe past challenges as opportunities to learn more about personal strengths and effective coping skills.

EVALUATING GAINS:

After completing this module it may be helpful to periodically assess the person's knowledge using the following questions:

1. What does recovery mean to you?
2. What is resiliency?
3. How is resiliency related to recovery?
4. What is a resiliency perspective?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR RECOVERY AND RESILIENCY:

Therapeutic Goal	*Techniques & Probes*
Define the concept of recovery and explore what it means.	• Review common themes and consumer definitions of recovery. • Clarify any misconceptions about recovery and mental illness: o *"Recovery is sometimes defined as no longer using drugs or alcohol. Recovery from mental illness is different."* • Help identify what recovery means to them.
Define resiliency and how it relates to recovery and treatment.	• Introduce the concept of resiliency and its relevance to the definition of recovery. Review the list of resilient qualities. • Ask them to consider how these qualities could be helpful in recovery: – *"How could having a sense of humor or being more flexible be helpful in your recovery?"* • Identify situations or people who have displayed these resilient qualities.
Provide a message of hope and optimism by personalizing recovery and resiliency.	• Help them begin to focus on the future. Acknowledge past difficulties and provide empathy for the difficult situations but encourage them to think optimistically about the future: – *"You have told me about the difficult time you have had adjusting to your symptoms. How do you think that experience will help you face difficult situations in the future, such as going back to school?"* • Encourage them to think about what goals or changes they would like to achieve, and instill hope that such changes are attainable. • Personalize what it would mean to be recovered or resilient.
Identify benefits of taking a resiliency perspective to help set personal goals.	• Review resiliency stories.

#2: Clinical Guidelines for Identifying Strengths and Areas for Improvement

OVERVIEW:

These handouts help identify strengths that can be used to achieve personally meaningful goals and make changes in areas that they are dissatisfied with. The assessment is done collaboratively with immediate feedback to provide information about possible goals to work on. If the person in FIRST is not present, it will be more difficult to complete this module. Families will likely attempt to set goals for the person in FIRST who is not participating in these sessions; however, if this occurs, the family will need to be re-directed to include ONLY the family members who are present as they set individual and family goals. The family clinician may need to get creative in how to set individual goals and family goals that are not directly involving the client.

Goals

1. Review the purpose of assessment, focusing on the strengths.
2. Help identify strengths and evaluate satisfaction with different areas of life.
3. Identify possible areas of improvement related to symptoms, medications, etc.
4. Identify support network or strategies to help develop a support network.

Handout

1. Identifying Strengths and Areas for Improvement

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Introduction to assessment and Brief Strengths Test	**Session 1**-Introduction to assessment, Brief Strengths Test, Satisfaction with Areas of My Life, Explore Areas of Improvement, and Developing a Support Network
Session 2- Satisfaction with Areas of My Life, Explore Areas of Improvement, and Developing a Support Network	

TEACHING STRATEGIES:

- Engage in discussion about personal strengths.
- Help connect the information from the assessment to moving forward in recovery. This information will help better inform them on how to proceed forward in setting recovery goals.
- Ask them how they define personal strengths, and review the rationale for completing the Brief Strengths Test.

Review answers to the Brief Strengths Test and ask if they identify with the top 5 strengths. If not, ask which strengths are more representative using the Signature Strengths Rating Scale. Another resource for different ways to use strengths can be found at www.authentichappiness.com or
The Happiness Institute's Guide to Utilizing Your Strengths at
http://www.thehappinessinstitute.com/freeproducts/default.aspx

- Read over the different explanations of the character strengths and select ones that best represent each person.
- Focus on finding areas of desired improvements instead of identifying problem areas or areas of weakness. Discuss how identifying areas of potential improvement can enable people to make better progress towards their personal goals.
- Discuss the meaning of a "supporter". Ask what social support means to them and who is most supportive of them. Also, ask them to identify what they find most helpful when coping with symptoms, or if their loved one is symptomatic.
- Help to identify current supporters and possible supports in the future. Discuss how they could strengthen existing supports and build new supports.
- Discuss how they can share the information that they have learned with a family member or supporter. Help them practice how to approach this person(s) and discuss how the information could be helpful in recovery.

TIPS FOR COMMON PROBLEMS:

- Be prepared for them to have difficulty identifying strengths, especially the person in FIRST.
    - Accept that this may be difficult and try for identifying 2 or 3 strengths if not the top 5.
    - Focus on activities that they enjoy and find challenging. Help them to identify which strengths could be associated with those activities.

ASSESSMENT INFORMATION:

- The following sections are broken down by each assessment. Each section includes information about how to complete the assessment, how to score the assessment, and how you can use the information from the assessment to provide feedback.
- Review the Brief Strengths Test and assign as homework for each individual to complete on

his/her own; then, if possible, review with at least one other family member outside of the session. Have everyone bring their completed tests back to review at the session.

BRIEF STRENGTHS TEST:

Goal	***Instructions***
Completing the Assessment	• Ask each person to read each statement and rate how often the statement described him or her in the last month. • Examples would include the way they act with other people or how they acted in other situations. • Each person should put the rating next to each item.
Scoring the Assessment	• Select the 5 signature strengths with the highest ratings. If there are more than 5 ratings use the questions at the end of the test to help them pick the 5 that best represent him or her. • Review the ratings and fill in the list of the top 5. • The top 5 represent their signature strengths.
Providing Feedback	• Encourage them to practice noticing how they use strengths throughout the day. • Identify when they use strengths in session. • Use the “Check it out” section to make a plan to utilize strengths in session and/or treatment. • Discuss how they currently use their strengths and how they could use them to take a step towards recovery.

SATISFACTION WITH AREAS OF MY LIFE:

Goal	*Instructions*
Completing the Assessment	• Review the life domains and ask them to think about how satisfied they are with those areas. • Ask them to rank order their priorities for change from the areas of dissatisfaction.
Scoring the Assessment	• No formal scoring. • Identify areas of satisfaction and dissatisfaction.
Providing Feedback	• Examine both areas of satisfaction and dissatisfaction. • Identify areas of satisfaction that also could be viewed as a resource. • Normalize areas of dissatisfaction such that everyone has some areas of his or her life that are unhappy or they would like to change. • Follow-up about areas of dissatisfaction that are distressful and that they would consider addressing when they set a personal goal.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR AREAS FOR IMPROVEMENT:

Therapeutic Goal	*Techniques & Probes*
Identify possible areas of improvement related to symptoms, medications, and substance use.	• Present information about areas of improvement in an open and nonjudgmental manner. • Discuss how these questions are the first step in understanding their experiences and how they relate to goals. • Ask about the benefits and drawbacks of taking medication. • Use the probe questions to assess their moods and difficulties functioning, if any. • If necessary, ask follow-up questions to assess how symptoms interfere with functioning or cause distress: o *"So you have been feeling irritable, how does that affect your relationship with your family and friends?"*
Identify support network or strategies to help develop a support network.	• Discuss their perspectives of a support network including how many people, what they would need to feel supported, and current resources. • If they express a desire to build a support network or share information about treatment with other supporters, use the role play suggestion in the "Check it out" section to practice how to talk to a supporter.

#3: Clinical Guidelines for Goal Setting

OVERVIEW:

These handouts focus on helping them take a resiliency perspective in setting goals. The handouts provide an overview of how to set goals. The goal setting process is broken down into steps that begin with finding a meaningful goal and selecting one to three short-term goals that are related to the long-term goal. Each short-term goal is broken down into smaller steps that can be accomplished in one week. They complete the goal tracking sheet to monitor progress towards goals and can make changes or modifications as needed during goal follow-up.

Goals

1. Help the person understand the process of setting and breaking down a goal into smaller steps.
2. Help the person identify a meaningful goal.
3. Help the person develop a plan for achieving their goal.

Handouts

1. Setting Goals
2. Personal Goal Planning Sheet (Example and Blank)

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-The Goal Setting Process and Identifying a Personal Goal	**Session 1**- The Goal Setting Process, Identifying a Personal Goal, Breaking Down Your Personal Goal, and Goal Follow-up
Session 2- Breaking Down Your Personal Goal and Goal Follow-up	

TEACHING STRATEGIES:

- Review their definitions of recovery and resiliency to help explore possible goals.
- Review the goal setting process with the person in FIRST and their family members to provide an overview of how to set goals.
- Use the “Satisfaction with Areas of My Life” handout to identify areas of dissatisfaction that they might like to focus on as a goal.
- Help identify a goal that is productive (i.e., a goal that involves making something happen or obtaining/accomplishing something, rather than avoiding/preventing something from happening).

- Help them identify goals that are specific and measurable.
- Understand reluctance to set goals may be a self-protective strategy to avoid the disappointment of setbacks. Focus on helping them set a more short-term goal that helps them do something they enjoy more often or alleviate some immediate distress.
- Explore how they would like their lives to be different.
- The short-term goals should be related to the personal goals. Think about the short- term goals as the first step towards achieving the personal goals.
- For each short-term goal, make the steps as specific as possible.
- Review the Goal Planning Sheet and make sure to give them the original copy (and make a copy of the person in FIRST's sheet to put in their chart).
- Provide a rationale for goal follow-up to ensure they continue to receive support in achieving personal goals.
- Discuss how they can share personal goals with other family members or supporters. Help practice how to approach this person and review the personal goal. Be specific about the help that they are requesting.

TIPS FOR COMMON PROBLEMS:

- Family members may have difficulty identifying a personal goal, especially the person in FIRST.
    - Start with a small goal. Sometimes it is helpful to ask about activities they enjoy and set a goal to do more of the activity or to do it more often.
    - Identify areas of dissatisfaction from the "Satisfaction with Areas of My Life" handout and explore how they would like their lives to be different. Persons in FIRST may identify very ambitious goals.
    - Don't discourage ambitious goals.
    - Help them break down goals into smaller steps.
    - Explore what is important and/or appealing to them about achieving the goal(s).

EVALUATING GAINS:

- After completing this module it may be helpful to periodically assess knowledge using the following questions:

1. Can you explain the goal setting process?
2. What is your personal goal and what step are you working on currently?
3.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR SETTING GOALS:

Therapeutic Goal	***Techniques & Probes***
Help family members understand the process of setting a goal and breaking it down into smaller steps.	• Review the steps of goal setting. • If possible, use an example on the benefits of setting a goal.
1. Help family members identify meaningful personal goals. 2. Help family members identify meaningful family goals.	• Review the "Satisfaction with Areas of My Life" handout. • Ask questions to uncover the meaning behind desired changes: – *"If you weren't having any of your symptoms, what would you be doing that you are currently not doing?"* – *"Let's say that you had great self-esteem. What would you be able to do that you are not doing now?"* – *"How does being overweight interfere with doing what you want to do? What would you being doing differently if you were at your desired weight?"* – *"If your family was able to communicate better, what would you be able to do together that is currently too difficult or frustrating?"* • After identifying the greater meaning behind the desired change, help identify the larger goal related to the desired change. • Help them break down the personal goal into 1-3 short-term goals.
1. Help family members develop a plan for achieving personal goals. 2. Help family members develop a plan for achieving a family goal.	• Often, the initially stated desired change can be set as one of several smaller (shorter-term) goals towards the more meaningful goal. • Help them break down each short-term goal into smaller steps. • Use the goal planning handout to track progress towards goals. • Review goal follow-up. • Help them break down the family goal into 1-3 short-term goals.

INTRODUCTION TO JUST THE FACTS SESSIONS

We believe that recovery chances are increased if everyone in the family— the person in FIRST and the key supporters of the person with a first episode of psychosis-- learns about the disorder and what can be done to improve the situation. The "Just the Facts" educational handouts review eight basic topic areas critical to first episode psychosis:

- Facts about Psychosis
- Facts about Medications for Psychosis
- Facts about Coping with Stress
- Facts about Developing Resiliency
- Relapse Prevention Planning
- Developing Collaboration with Mental Health Professionals
- Effective Communication
- Family Members' Guide to Supporting Recovery from Psychosis

In addition, there is an optional handout on substance use and psychosis.

Each topic area will typically be discussed with the family clinician in one or two sessions. When you review the handouts with your family clinician, you will discuss each topic area and have an opportunity to ask questions and voice your concerns. You will:

- Review and discuss the symptoms of psychosis.

- Learn how the stress-vulnerability model can help you understand the biological and environmental factors associated with psychosis and how to reduce vulnerability.

- Learn facts about medications used to treat psychosis, including the advantages and disadvantages and the side effects associated with them.

- Develop strategies to help support the person in FIRST taking medication regularly.

- Identify areas of stress and strategies to cope more effectively with those stressors.

- Develop a plan to cope more effectively with stress.
- Learn how developing resiliency can help all move forward to support the person in FIRST's recovery.
- Identify early warning signs of relapse. Prepare for possible flare-ups of symptoms.
- Learn how to work closely with the person in FIRST's treatment team.
- Understand confidentiality laws. Sharpen up communication.
- Learn the benefits of keeping family conflict low to help support recovery.
- Recognize the importance of everyone in the family continuing to build his or her own life.
- Learn tips for addressing substance use if that is an issue in your family.

The FIRST team looks forward to collaborating with you.

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Introduction to Assessment and Initial Goal Setting

Introduction and Module Overview

The handouts in this module will be about 2-3 sessions long, though more sessions might be necessary depending on the number of individuals participating in FPE. As you review them, you will discuss how to define recovery and resiliency. You will have an opportunity to better understand areas that are distressing and identify personal strengths and resources that could be helpful alleviating your distress and moving forward in your lives. This information also will provide insight into how the FIRST team members could be the most helpful to you in addressing your needs, and you can collaboratively develop a step by step plan to help achieve your personal and family goals.

In this module we will:

- Define recovery and how recovery relates to your experiences.
- Identify your personal and family strengths that will help you achieve your goals as individuals and as a family unit.
- Identify problem areas or personal challenges in different areas of functioning, including your living situation, vocational and educational goals, finances, social supports, leisure and recreational activities, health and self-care, and spirituality and cultural concerns.
- Identify people who can support you.
- Learn how a resiliency perspective can help you to define areas of your lives that you would like to be different or help you to pursue an accomplishment.
- Learn the process of setting goals and breaking them down into smaller, achievable steps.
- Identify personal goals and family goals that you want to work on, and break the goal into smaller steps.

- Make a plan to take a first step towards your goals and how to follow your progress.

What I expect from you:

- Willingness to discuss strengths, areas of improvement, and personal priorities in your lives.
- Working collaboratively to develop personal and family goals.

What you can expect from me:

- Open and honest discussion about recovery and resiliency.
- Help identifying strengths and recognizing areas for improvement.
- Collaboration with you to develop a plan to achieve personal and family goals.

This module focuses on helping you define recovery and develop a plan to help you achieve your goals.

#1: RECOVERY AND RESILIENCY

What is Recovery?

People define recovery from psychosis in their own ways. Some people think of it as a process, while others think of it as a goal or an end result. Here are some examples of how different people who have experienced a psychotic episode describe recovery from their own point-of-view:

- *"Recovery from mental illness is not like recovery from the flu. It's recovering your life and your identity."*
- *"Recovery for me is having good relationships and feeling connected. It's being able to enjoy my life."*
- *"I don't dwell on the past. I'm focusing on my future."*
- *"Being more independent is an important part of my recovery process."*
- *"Not having symptoms anymore is my definition of recovery."*
- *"Recovery for me is a series of steps. Sometimes the steps are small, like fixing lunch, taking a walk, following my daily routine. Small steps add up."*
- *"Having a mental illness is part of my life, but not the center of my life."*
- *"Recovery is about having confidence and self-esteem. I have something positive to offer the world."*

Questions

- What does recovery mean to you?
- Think about how you would define recovery. How would you like your life be different?
- What would you be doing that you are not currently?

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 is a home practice option for this handout that you can review now or at the end of the session.

1. Discuss the concept of recovery with a family member or supporter. Share your ideas about your recovery with that person.

What is resiliency and how does it relate to recovery?

- Resiliency is the ability to "bounce back" or adapt in the face of adversity or a major life stress.
- Resiliency is a quality that can help you achieve your recovery. Discovering or re-discovering resiliency can help you move forward in the process of recovery and make you better prepared to face difficult times in the future.
- Everyone has an ability to be resilient and to become even more resilient. Sometimes it is more difficult to assess your resilient qualities, depending on the circumstances.
- Some people have found the following strategies to be helpful in developing resiliency:
    - Developing supportive relationships
    - Seeking out help when you need support
    - Making informed decisions
    - Developing links to resources
    - Developing adaptive coping strategies
    - Taking control of your life by working towards a meaningful goal

- People are resilient in many different ways. Often, people have experienced a very difficult or stressful time in the past and have managed to move forward in their life. Resilient qualities may not always be obvious to people at first glance. The following list provides some examples of resilient qualities:
    - Problem-solving skills
    - Flexibility
    - Sense of purpose
    - Sense of humor
    - Hopefulness
    - Diligence
    - Ability to deal with stress
    - Balanced perspective
    - Caring
    - Independence
    - Initiative
    - Creativity

Questions:

- What do you consider your resilient qualities to be as an individual?
- What do you consider your resilient qualities to be as a family unit?
- Think about resilient people that you know who seem to be able to bounce back from anything. What resilient qualities do these people possess?

Home Practice Options

(This can be reviewed now or at the end of the session)
1. Discuss the concept of resiliency with a family member or supporter. What qualities does this person consider to be resilient? What resilient qualities do you see in this person? What resilient qualities does this person see in you?

What is a resiliency perspective?

Taking a resiliency perspective means using your strengths to help move forward in your life and your recovery. Often, this process involves discovering how your strengths can help you cope more effectively in times of stress and help you achieve your goals. Everyone can work towards taking a resiliency perspective as they develop their problem-solving skills, their supports and resources, and their use of effective coping skills to get their life back on track. Below are some examples of resiliency.

- Maria began experiencing symptoms when she was 19 years old. During that time she was enrolled in college classes and she became very paranoid leaving her dorm to go to class. With the help of her parents and roommate, Maria sought help from a mental health clinic in the community and was prescribed a medication. After her symptoms had subsided, Maria wanted to return to school. Although she had always been a good student, she was worried that everyone at her school would know about her mental health problems. She worked with her therapist to make a plan to go back to school. Eventually, Maria was able to return to college and her strength of love of learning and perseverance helped her to achieve her goal of getting her degree.

- Ben had always been a very creative person. He liked to paint and make music. After the onset of his symptoms, he had difficulty reconnecting with his friends and did not have many opportunities to make new friends. During treatment, he spoke about how his love of painting and making music was one area that still gave him pleasure. With encouragement from his case manager and his family, Ben began to paint again and to use his painting as an outlet to share his experiences about his illness. Ben was able to show a couple of his paintings at a local art show and even received some compliments about his work. Ben became encouraged by his success and started to play the guitar again with his brother and a few friends. The path to Ben's recovery was through his creativity, and he was able to take a resiliency perspective by using his strengths to help him move beyond his illness.

- Taking a resiliency perspective can help you in your recovery to:
  - Discover or re-discover your strengths
  - Take a problem-solving approach
  - Imagine the possibilities for your future and focus on your goals
  - Use your coping skills more effectively

- Become stronger to overcome stressful times in the future

Questions:

- For you to be resilient in the face of your illness, what would it look like?
- What would it look like for your family unit to be resilient?
- How would you like your lives to be different?
- What are things that you would like to be doing or to accomplish in your life?
- What are things that you would like to be doing or to accomplish as a family?

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Think about a person that you see as a role model. What qualities or characteristics do you like about that person? Make a list of the qualities you would like to see in yourself. How would those qualities fit into your vision of recovery, and what you would like to accomplish in your life? Discuss your thoughts about recovery with a family member or supporter.
2. Make a collage (i.e., cut out pictures from magazines) of the things that are meaningful to you in your life. These could be things that you are currently doing or things that you would like to be doing in the future. Share your collage with a family member or friend. What would that person add to your collage?
3. Write something about what you would like your life to be like in 5 years. What would you like to be doing in terms of work, school, or both? How would you like things to be different in terms of your relationships, where you live, and the things you do with your time?
4. Think about a family you know or one you've seen on TV that has qualities you like in a family. What might those qualities be? How is it different from your family right now?

Summary Points for Recovery and Resiliency

- *People define recovery in their own ways.*
- *Recovery is about how you want your life to be different and what is most important to you.*
- *Building resiliency can help you move forward in your recovery and take control of your life.*
- *Resiliency is established in many different ways. Some strategies include:*
  - *Developing supportive relationships*
  - *Seeking out help when you need support*
  - *Making informed decisions*
  - *Developing links to resources*
  - *Developing adaptive coping strategies*
  - *Taking control of your life by working towards a meaningful goal*
- *People experience resiliency throughout their lives when faced with stressful situations and experiences. Sharing experiences of resiliency can help you identify qualities that can help you move forward in your life.*
- *Taking a resiliency perspective will help you identify areas of personal strength and areas you would like to change in your life.*
- *Family Units can also be resilient in the face of stressful times (e.g., loss of a loved one, first episode of a psychiatric illness, moving). Families can identify qualities they would like to possess as a family in order to become more resilient.*

#2: IDENTIFYING STRENGTHS AND AREAS FOR IMPROVEMENT

It is helpful to understand your current situation and how to best plan treatment to help you achieve your personal and family goals. The following handouts begin identifying your personal and family strengths, areas in your life you would like to improve, and how treatment can best help you make the changes you desire.

- In these first FPE sessions, it is helpful to get to know more about you and your strengths, your family and family strengths and areas that you would like to work on in FPE.
- There are 2 areas that can help begin your recovery process:
  - Identifying personal and family strengths and areas of improvement
  - Developing a support system
- First, tell me about what brought you into FPE.
  - What kinds of problems have you been recently struggling with personally?
  - What kinds of problems have you been recently struggling with as a family?
  - How have you been handling those problems?
  - What do you think has been causing those problems?
  - How do you think family psychoeducation could help you move forward in your recovery?

Identifying Strengths

Most people who are recovering from a psychotic episode report that it is important to establish and pursue goals, whether the goals are small or large. However, psychiatric symptoms can be a drain on time and energy, making it difficult to participate in activities or even to figure out what you would like to do. It may be helpful to take some time to review what's important to you as an individual and as a family. Also review what you want to accomplish as an individual and as a family. Also review what you want your personal and family life to be like.

- Your strengths and talents are some of your strongest assets that you have to move you forward in your personal recovery, and to get your family back on track.
- Learning how to use your strengths can transform the direction of your recovery.
- You are the director of your recovery. You determine the areas of your life that you want to focus on and the help that you want to receive.

The following table will help you assess different areas of your life, strengths that you would like to develop, and areas of improvement on which you want to focus. As you complete the following table and remaining questions, I will be summarizing the findings for you to review at the end of this topic area.

Brief Strengths Test

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The first time you complete the Brief Strengths Test, consider each response based on how you, as an individual, act in the various situations. After each person has completed the Test individually, discuss each other's individual strengths as a group – you may be surprised at the positive way others view you and your strengths!

Next, go through the Brief Strengths Test together as a group and rate each question based on how you believe your family (as a unit) acts in the various situations. What are the strengths that your family unit possesses?

As you go through the Brief Strengths Test, think about how you (or the family) have acted in the actual situations described below during the past month (four weeks). Please answer only in terms of what you (or the family) actually did.

Please read each statement carefully. Write a number between 0 and 10 next to each statement according to how often you acted in the way described.

Never 0---1---2---3---4---5---6---7---8---9---10 **Always**

☐ 1. Think of actual situations in which you had the opportunity to do something that was novel or innovative. How often did you use CREATIVITY or INGENUITY in these situations?

☐ 2. Think of actual situations in which you had the opportunity to explore something new or to do something different. How often did you show CURIOSITY or INTEREST in these situations?

☐ 3. Think of actual situations in which you had a complex and important decision to make. How often did you use CRITICAL THINKING, OPEN-MINDEDNESS, or GOOD JUDGMENT in these situations?

☐ 4. Think of actual situations in which you had the opportunity to learn more about some topic. How often did you show LOVE OF LEARNING in these situations?

☐ 5. Think of actual situations in which you had the opportunity to offer advice to another person who needed it. How often did you use PERSPECTIVE or WISDOM in these situations?

☐ 6. Think of actual situations in which you experienced fear, threat, embarrassment, or discomfort. How often did you use BRAVERY or COURAGE in these situations?

☐ 7. Think of actual situations in which you faced a difficult and time-consuming task. How often did you use PERSEVERANCE, PERSISTENCE, or INDUSTRIOUSNESS in these situations?

☐ 8. Think of actual situations in which it was possible for you to lie, cheat or mislead. How often did you show HONESTY or AUTHENTICITY in these situations?

☐ 9. Think of your everyday life. How often did you feel and show ZEST or ENTHUSIASM when it was possible to do so?

☐ 10. Think of your everyday life. How often did you express your LOVE or ATTACHMENT to others (friends, family members) and accept LOVE from others when it was possible to do so?

☐ 11. Think of your everyday life. How often did you show KINDNESS or GENEROSITY to others when it was possible to do so?

☐ 12. Think of actual situations in which you needed to understand what other people need or want, and how to respond to them accordingly. How often did you use SOCIAL INTELLIGENCE or SOCIAL SKILLS in these situations?

☐ 13. Think of actual situations in which you were a member of a group that needed your help and loyalty. How often did you show TEAMWORK in these situations?

☐ 14. Think of actual situations in which you had some power or influence over two or more other people. How often did you use FAIRNESS in these situations?

☐ 15. Think of actual situations in which you were a member of a group that needed direction. How often did you use LEADERSHIP in these situations?

☐ 16. Think of actual situations in which someone hurt you. How often did you show FORGIVENESS or MERCY in these situations?

☐ 17. Think of your everyday life. How often did you show MODESTY or HUMILITY when it was possible to do so?

☐ 18. Think of actual situations in which you were tempted to do something that you might later regret. How often did you use PRUDENCE, DISCRETION, or CAUTION in these situations?

☐ 19. Think of actual situations in which you experienced desires, impulses, or emotions that you wished to control. How often did you use SELF-CONTROL or SELF-REGULATION in these situations?

☐ 20. Think of your everyday life. How often did you feel or show APPRECIATION OF BEAUTY AND EXCELLENCE or AWE when it was possible to do so?

☐ 21. Think of actual situations in which someone else helped or benefited you. How often did you feel and express GRATITUDE and THANKFULNESS?

☐ 22. Think of actual situations in which you experienced failure or a setback. How often did you show HOPE or OPTIMISM in these situations?

☐ 23. Think of your everyday life. How often did you use PLAYFULNESS or HUMOR when it was possible to do so?

☐ 24. Think of your everyday life. How often did you experience RELIGIOUSNESS, SPIRITUALITY, or SENSE OF MEANING AND PURPOSE when it was possible to do so?

Brief Summary of 24 Character Strengths

Instructions for identifying top 5 strengths: Look over your ratings and select the top 5 highest ratings that best represent you. A more in depth description of each strength is listed below for additional clarification.

- **Love of learning** - You love learning new things, whether in a class or on your own. You have always loved school, reading, and museums; you feel that anywhere and everywhere there is an opportunity to learn.
- **Bravery and valor** - You are a courageous person who does not shrink from threat, challenge, difficulty, or pain. You speak up for what is right, even if there is opposition. You act on your convictions.
- **Honesty, authenticity, and genuineness** - You are an honest person, not only by speaking the truth but by living your life in a genuine and authentic way. You are down to earth and without pretense; you are a "real" person.
- **Capacity to love and be loved** - You value close relations with others, in particular those in which sharing and caring are reciprocated. The people to whom you feel closest are the same people who feel most close to you.
- **Modesty and humility** - You do not seek the spotlight, preferring to let your accomplishments speak for themselves. You do not regard yourself as special, and others recognize and value your modesty.
- **Gratitude** - You are aware of the good things that happen to you, and you never take them for granted. Your friends and family members know that you are a grateful person because you always take the time to express your thanks.
- **Humor and playfulness** - You like to laugh and tease. Bringing smiles to other people is important to you. You try to see the light side of all situations.
- **Judgment, critical thinking, and open-mindedness** - Thinking things through and examining them from all sides are important aspects of who you are. You do not jump to conclusions, and you rely only on solid evidence to make your decisions. You are able to change your mind.
- **Perspective (wisdom)** - Although you may not think of yourself as wise, your friends hold this view of you. They value your perspective on matters and turn to you for advice. You have a way of looking at the world that makes sense to others and to yourself.
- **Industry, diligence, and perseverance** - You work hard to finish what you start. No matter the project, you "get it out the door" in timely fashion. You do not get distracted when you work, and you take satisfaction in completing tasks.
- **Kindness and generosity** - You are kind and generous to others, and you are never too busy to do a favor. You enjoy doing good deeds for others, even if you do not know them well.

- **Leadership** - You excel at the tasks of leadership: encouraging a group to get things done and preserving harmony within the group by making everyone feel included. You do a good job organizing activities and seeing that they happen.
- **Forgiveness and mercy** - You forgive those who have done you wrong. You always give people a second chance. Your guiding principle is mercy and not revenge.
- **Curiosity and interest in the world** - You are curious about everything. You are always asking questions, and you find many subjects and topics fascinating. You like exploration and discovery.
- **Citizenship, teamwork, and loyalty** - You excel as a member of a group. You are a loyal and dedicated teammate, you always do your share, and you work hard for the success of your group.
- **Fairness, equity, and justice** - Treating all people fairly is one of your abiding principles. You do not let your personal feelings bias your decisions about other people. You give everyone a chance.
- **Self-control and self-regulation** - You consciously regulate what you feel and what you do. You are a disciplined person. You are in control of your emotions, not vice versa.
- **Spirituality, sense of purpose, and faith** - You have strong and coherent beliefs about the higher purpose and meaning of the universe. You know where you fit in the larger scheme of life. Your beliefs shape your actions and are a source of comfort to you.
- **Zest, enthusiasm, and energy** - Regardless of what you do, you approach it with excitement and energy. You never do anything halfway or half-heartedly. For you, life is an adventure.
- **Social intelligence** - You are aware of the motives and feelings of other people. You know what to do to fit in to different social situations and you know what to do to put others at ease.
- **Caution, prudence, and discretion** - You are a careful person, and your choices are consistently prudent ones. You do not say or do things that you might later regret.
- **Appreciation of beauty and excellence** - You notice and appreciate beauty, excellence, and/or skilled performance in all domains of life, from nature to art to mathematics to science to everyday experiences.
- **Hope, optimism, and future-mindedness** - You expect the best in the future, and you work to achieve it. You believe that the future is something that you can control.
- **Creativity, ingenuity, and originality** - Thinking of new ways to do things is a crucial part of who you are. You are never content with doing something the conventional way if a better way is possible.

Questions?

- Do you agree with the Brief Strengths Test's results of your strengths? _____
- Do you feel that these strengths characterize you? ____________________

For each strength, ask yourself if the following criteria apply:

- A sense of ownership and authenticity
- A feeling of excitement while using this strength
- Continuously finding new ways to enact the strength
- The creation and pursuit of personal projects that revolve around the strength
- Joy, zest, enthusiasm while using your strength

- If each strength fits with one or more of the above criteria, then add it to the list below of your top 5 character strengths

- If a strength does not fit one or more of the above criteria, you may want to focus on another strength that fits better.

List your top 5 character strengths below:

1. ____________________________________
2. ____________________________________
3. ____________________________________
4. ____________________________________
5. ____________________________________

Check it Out:

- ✓ Consider how you currently use your strengths. Choose one of your top 5 strengths, and brainstorm specific ways that you could use that strength in your daily life. Practice using your strength in session. For example, if your strength is **appreciation of beauty and excellence,** consider ways to incorporate that strength into your session, such as taking a walk outside during your session or sharing a poem that represents your view of recovery.

The following steps can help you:

1) Review your top 5 strengths, and select 1 you want to practice using.
2) Brainstorm different ideas to use your strength in session or in treatment.
3) Develop a plan to use the strength in your FIRST Family Psychoeducation session.

What's important to you? How can your strengths help you?

It may be helpful to take some time to review what's important to you as an individual, what you want to accomplish and what you want your life to be like. Complete the following chart to help you assess your current satisfaction with different areas of your life.

Satisfaction with Areas of My Life

For each area, identify your current level of satisfaction.

Area of my life	I am not satisfied	I am moderately satisfied	I am very satisfied	I would like to change
Friendships				
Meaningful work (paid or unpaid)				
Enjoyable activities				
Family relationships				
Living situation				
Spirituality				
Finances				
Belonging to a Community				
Intimate relationships				
Expressing Creativity				
Hobbies or activities for fun				
Education				
Health				
Other:				

Rank in order, the top three current priorities in your life.

1. ____
2. ____
3. ____

Of the areas you identified, which areas are you most satisfied?

What resources do you have in those areas?

Of the areas you identified, are there any urgent issues that you feel need to be addressed immediately?

Which areas of your life would you like to change?

1. ____
2. ____
3. ____

Why did you select those areas?

Are there areas you are not satisfied with but you do not want to change? If yes, what are the reasons for not wanting to change those areas?

Review your top 5 strengths. What strengths could help you make some of the changes that you identified?

Explore areas for improvement

-Taking medication regularly can reduce the severity of symptoms and help to prevent relapse. Having family members or a supportive person involved in the discussion about medication can often help an individual to make decisions regarding medication and to assist in taking medication as prescribed. However, it is important that you (the person in FIRST) make the decision to include your family/support persons in medication discussions when you are ready.
-It is also important to check in on symptoms you might currently be experiencing. It is often helpful to have trusted others involved in these discussions because sometimes they notice something happening that you have not observed yet.
-The following section will help you explore areas in your life that are difficult or causing you some distress. These questions are to help us better understand any problems that you may currently be having. Your answers to these questions will help you, your family, and your family clinician understand which areas of your life you would most like to change and what areas (e.g., symptoms) you would like the most help coping with.

1. Have you had any problems recently with your medications?

2. How has taking medication been helpful to you?

3. How many doses of your medications have you missed taking in the last week?

4. Have you ever forgotten to take your medication? If yes, how often?

5. Describe your current mood. How do you feel?

6. Have you been feeling distressed in the last month? If yes, what has been making you feel distressed?

7. What symptoms/experiences have you found to be most distressing recently? (For example, feelings of depression or anxiety, substance use, lack of motivation, difficulty connecting with friends and/or family, or irritability.)

8. Do you have any beliefs that are distressing to you? If yes, what are those beliefs and how distressing are they?

9. Have you heard any voices or noises that other people can't hear in the last week?If yes, how often have you heard them and how distressing have they been?

Developing a Support Network

People use a variety of different strategies to help cope with stressors, especially when they - or someone they love - is diagnosed with a mental illness. One strategy that people have found to be helpful is to develop a network of people who can support you. For the person in FIRST, sharing your progress in treatment with another person can result in support, and let others learn how to be the most helpful to you. These people could be family members, friends, or significant others who will be able to help you practice strategies you learn in treatment and provide support when you need someone to talk to.

- Supporters can help you in treatment by:
  - Practicing a skill with you outside of session
  - Reviewing material you learned in session
  - Helping you take a step towards a goal

As family members or support persons, developing and maintaining a support network can be a key coping strategy. Self-care for such loved ones is equally as important as caring for or about an individual diagnosed with a mental illness.

- This FIRST Family Psychoeducation program was designed to assist both the person in FIRST and his/her family members/support persons. Research has demonstrated that client outcomes improve if families receive information, education, and support.
  - Building a support network helps family members feel less isolated
  - Having social and emotional support validates the experiences of family members

Questions:

Practice talking to your supporters during your FPE session. The family clinician will help you and your supporters work on the best way to communicate your needs.

Summary Points for Identifying Strengths and Areas of Improvement

- It can be helpful to review strengths and areas of improvement to decide how to best proceed in treatment and set personal goals.
- Review your top 5 character strengths from the Brief Strengths Test. Discuss why you think they could be helpful in your recovery and in treatment.
- By examining areas of improvement, including both areas in your life and related to your illness, you can begin to formulate how to best achieve your personal goals.

#3: SETTING GOALS

Setting a goal and then breaking it down into smaller steps gives you a plan for how to get from where you are to where you want to go. Identifying smaller goals related to the long-term goal, and then steps toward each goal, is especially useful when trying to achieve big, long-term goals. This makes the big goal seem attainable because each step towards it is relatively easy and manageable. Note: Work through the process by first completing individual goals. Then complete the process again for setting a family goal.

- People who are most effective at getting what they want usually set clear goals for themselves and plan step-by-step what they are going to do.

Identifying a Goal

Step 1: Identify a personal goal.
Step 2: Identify a goal for the family.

- **Identifying a personal/family goal**. Goal setting begins with choosing a long-term recovery goal. This may be an area in your life that you would like to make some changes, an area that you are currently not satisfied, or an area that you would like to accomplish more. Helpful strategies for setting goals include:
  - Reviewing your strengths and satisfaction with areas of your life.
  - Reviewing definitions of recovery and taking a resiliency perspective.
  - Defining the specifics of what you want to accomplish in your goal.
  - Choosing a productive goal, such as accomplishing something rather than an eliminative goal in which you are trying to eliminate something or make it go away.

Select short-term goal(s)

Step 1: Select a personal short-term goal.

Step 2: Select a short-term goal for the family.

- **<u>Select short-term goal(s) that could help you achieve your personal and family goals.</u>** Once you have selected a long-term goal it is helpful to think about the first steps you can take towards achieving your goal. Think about a short-term goal(s) you could achieve over the next two months that would help you get closer to your long-term goal. Helpful strategies include:
  - Choosing a specific area of your long-term goal to work on first.
  - Reviewing your resources such as strengths, support, and services that could help you achieve your goal and how you could access those resources.
  - Defining specific short-term goals that could be accomplished in 1-2 months.

Break short-term goals into smaller steps

Step 1: Break short-term personal goals into smaller steps.
Step 2: Break short-term goals for the family into smaller steps.

- **<u>Break down each short-term goal into small steps</u>**. For each short-term goal, identify the steps needed to achieve the goal. Each step should build upon each other step. Steps should be reasonable tasks or activities that can be accomplished in a week's time or less. Helpful strategies include:
  - No more than one task for each step.
  - Describe each step as specifically as possible.
  - Don't get stuck. If the step involves waiting on a response from another person, think about what you can do in the meantime.
  - For each step, consider what resources you need, whether you have them and how you can get the resources you need.

Following up on goals

Step 1: Follow-up on personal goals.

Step 2: Follow-up on goals for the family.

- Following up on goals. It is important to monitor your progress towards your goals on a regular basis, updating your Goal Planning Sheet (at the end of this module), and making modifications as needed. Following up on goals in sessions will enable you to address obstacles that get in the way of achieving your goal and keep up your motivation to continue working on your goals. You also can change or modify your steps or goals as situations change in your life or if there are missing steps that you hadn't considered. Helpful strategies include:
  - Review progress towards goals at the beginning of every session.
  - Discuss your goals with a family member or supporter and ask for help when needed.
  - Discuss problems with steps when they are encountered.
  - Believe in your own ability to achieve your goals.

Questions:

What would you be doing that you are not doing now?

Take some time to review your answers from the Strengths Assessment and Satisfaction with Areas of My Life handouts. It may also be helpful to think about the following questions:

- Which areas of life do I feel most satisfied with?
- Which areas of life do I feel least satisfied with?
- What would I like to change?

Rate your satisfaction with your current life from 1 (not at all satisfied) to 10 (the most satisfied). Compare the rating of your current life with what you would consider to be your "ideal" life.

If different, describe why those two numbers are different.

You might find it helpful to set goals for yourself in one or two areas of your life that you are not satisfied with. For example, if you are not satisfied with having enough enjoyable activities, it might be a good idea to set a goal of identifying some activities

and scheduling time to try them out. It may also be helpful to look at the areas in your life in which you would like to be doing more or accomplishing more. For example, if you like to spend time on the computer, you may want to take a computer class to learn more about programming computers.

What two areas of your life would you like to improve or would you like to be doing more?

1.____

2.____

What goals would you like to set for yourself in these areas?

1.____

2. ____

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Review the Identifying a Goal handout with a family member or supporter. Discuss the two areas that you would like to work on as goals and what it would mean to take a step towards one of those goals.

2. Ask the family member or supporter to share with you what is was like when they set a goal for themselves that they were able to accomplish in their life.

Prioritizing Your Long-Term Goals

Step 1: Prioritize your long-term personal goals.

Step 2: Prioritize your long-term goals for the family.

It is time for you to prioritize your long-term goal. Some people find it helpful to think about which of the areas they selected is more important or pressing at the moment. It may also be helpful to think about which of the areas you feel most comfortable working on first.

- Choose one of the two areas you selected above to work on a goal, and write it on your Goal Planning Sheet (at the end of this module) in the long-term goal.
- Define the goal that you want to accomplish. Be as specific as possible.

Breaking Down Your Long-term Goal

Step1: Break down your long-term personal goal.

Step 2: Break down your long-term goal for the family.

Taking long-term goals and breaking them into smaller, specific steps can give you something to focus on without worrying about how far away your goal may be. Every small step brings you closer to your goal, and before you know it you have attained it. For example, if someone wants to run a marathon in a year, the first step might be to shop for running shoes. The next step might be to identify a running course, and so forth. Also, breaking down your long-term goal gives you an opportunity to celebrate your successes when you achieve the smaller goals working towards your long-term goal.

- Select short-term goals that will help you achieve your long-term goal.
- Make a list of what you think you will need to do in order to accomplish your long-term goal. Be sure to think about or include the following:
  - Possible ways to achieve your goal.
  - What will help you move towards your goal?
  - What could you work on over the next 1-2 months to help you achieve your long-term goal?
  - Supports or resources that would be helpful to achieve your long-term goal.

- Strengths that would help you achieve your long-term goal.
- How could this short-term goal help me achieve my long-term goal?

Possible short-term personal goals	Possible short-term family goals
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

- Choose at least 1 short-term goal from your list and write it on your Goal Planning Sheet (example and blank copy at the end of this module).

Just as a map includes written directions for how to get from one place to another, it is helpful to write down the specific steps that will be needed to achieve your short-term goals. The more detailed these steps can be, the easier it will be to make progress toward your goal. Don't worry if you happen to leave out a step because you can always go back and modify your steps during goal follow-up as the situation changes.

- Plan the steps for carrying out your decision. Think about:
  - Who will be involved?
  - What step will each person do?
  - What is the time frame?
  - What resources are needed?
  - What problems might come up, and how could they be overcome?
- Write the steps for each short-term goal on your Goal Planning Sheet.
- An example of a Goal Planning Sheet is at the end of this module.

Home Practice Options

(This can be reviewed now or at the end of the session)

1. Identify a family member or supporter who could help you work towards your long-term goal. This person could also be the supporter you identified earlier to help you in treatment. Review your Goal Planning Sheet with that person. Tell that person about the step that you are currently working on and how he or she could be helpful. Plan your approach with your family clinician using the "Check it out" Section below.

Check it out:

Review your Goal Planning Sheet with another family member or supporter and ask if he/she would be willing to help you achieve your goal. Be sure to include the following steps:

- ✓ Identify a supporter.
- ✓ Share your Goal Planning Sheet with your supporter.
- ✓ Ask for their support.
  - – Share information about the steps you are working on.
  - – Give examples of ways that he or she could be helpful.
- ✓ Thank your supporter for his or her help.
  - – *"Thank you for supporting me in my recovery."*
- ✓ Practice talking to your supporter with your family clinician to increase your confidence. How do you think it will go?

Following-up on Goals

Each time meet with your family clinician, you will get a chance to follow-up on your goals.

- Taking a step towards your goal will involve tasks or activities you will complete outside of the session to help you move forward toward your long- term goal. You will work collaboratively with your FIRST team member who will help you make a plan to complete these steps.
- Goal follow-up is a time for you to share your successes by discussing the steps you have completed and any difficulties you experienced since the last session that got in the way of working on your goal.
- It is especially helpful to know:
  - Did the step accomplish its intended purpose?
  - What was helpful to you in taking a step towards your goal?
  - What strengths did you use when taking a step towards your goal?
  - What made the step challenging?
  - How did you reward yourself for taking the step?
- If you had difficulty achieving your goal:
  - What could have made it easier for you to take a step towards your goal?
  - What resources could have helped you take a step towards your goal?
- You will have an opportunity to work with your family clinician to modify the steps as needed to address your concerns and to add new goals once you have completed your original ones.

Summary Points for Setting a Goal

- Making a step-by-step plan can help you achieve your goals.
- A goal setting plan that breaks a long-term goal into smaller goals (that can be further broken down into achievable steps) can help you succeed in achieving your goal.
- Identifying areas you would like to improve in your life can be a helpful strategy for setting a personal goal.
- Identifying short-term goals closely related to your long-term goal can help you take the firsts steps toward achieving your goal.
- Your family clinician can provide feedback and help you work towards your goal when you check-in regularly about your progress.

Name: _Stephen_________________

Date long-term goal was set:______

SAMPLE

Personal Goal Planning Sheet (review weekly)

Personal (Meaningful) Goal: Enroll in part-time classes at the community college

---

* Start a new Goal Tracking Sheet if the Long-term Goal is modified or a new goal is set

Short-term Goals (place a √ after steps are achieved):

1. Read a book for fun

Steps:

1. Make a list of books to read
2. Choose a book and get from library
3. Read in evening for 20 minutes
4. Discuss book with mom

Start date: _______________

Date reviewed: _______________

Achieved:

Fully

Partially

Not at all

Modified/Next Steps:

1.

2.

3.

4.

2. Identify coping skills for anxiety

Steps:

1. Identify social situations causing anxiety
2. Track level of anxiety in situations
3. Practice relaxed breathing
4. Pick a low-level anxious situation

Start date: _______________

Date reviewed _______________

Achieved:

Fully

Partially

Not at all

Modified/Next Steps:

1.

2.

3.

4.

3. Meet with college counselor about enrolling in classes

Steps:

1. Identify the counselor I should call
2. Make a list of what to say to counselor
3. Practice talking to mom or family clinician self-talk with mom using questions from #2
4. Call and make an appoint with the counselor and practice 1 coping skill above

Start date: _______________

Date reviewed _______________

Achieved:

Fully

Partially

Not at all

Modified/Next Steps:

1.

2.

3.

4.

Name: ______________________________ Date long-term goal was set: ____________

Personal and Family Goal Planning Sheet (review weekly)

Personal (Meaningful) Goal:

* Start a new Goal Tracking Sheet if the Long-term Goal is modified or a new goal is set

Short-term Goals (place a √ after steps are achieved):

1. ____________________________

Steps:

1.
2.
3.
4.

Start date: ____________

Date reviewed: ____________

Achieved:

Fully

Partially

Not at all

Modified/Next Steps:

1.
2.
3.
4.

2. ____________________________

Steps:

1.
2.
3.
4.

Start date: ____________

Date reviewed ____________

Achieved:

Fully

Partially

Not at all

Modified/Next Steps:

1.
2.
3.
4.

3. ____________________________

Steps:

1.
2.
3.
4.

Start date: ____________

Date reviewed ____________

Achieved:

Fully

Partially

Not at all

Modified/Next Steps:

1.
2.
3.
4.

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

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

Handouts

1. Just the Facts- What is Psychosis?

TEACHING STRATEGIES:

- Be prepared to de-stigmatize symptoms, either by normalizing them or dispelling myths associated with mental illness.
- Keep in mind how knowledge about symptoms can help family members support recovery.
- Recognize the participants' individual levels of knowledge and personal experiences with psychosis.
- Discuss how families can elicit information from the person in FIRST if they are not attending the sessions. Help them practice how to approach this person and discuss his/her symptoms or treatment.
- If the person in FIRST attends, 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 family members gain empathy.

TIPS FOR COMMON PROBLEMS:

- Be prepared for the person in FIRST to deny having ever had symptoms. Accept the denial and discuss the symptoms in the spirit of informing the person in FIRST, 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 family members that individuals 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 agree that they are having trouble with "focus," "memory," "concentration" or "attention" and agree to receive 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 FIRST.

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?

JUST THE FACTS – WHAT IS 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 making psychosis more common than diabetes. Psychosis can happen to anyone. Like other illnesses it can be treated.

> 3 out of every 100 young people will experience a psychotic episode.

Question:

What did you and your family member in FIRST 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

Symptom	Description	Example
Hallucinations	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.
Delusions (having false beliefs or worrisome thoughts)	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.
Confused Thinking and Other Cognitive Difficulties	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 family member, 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

Symptom	Description	Example
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.
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; 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 FIRST experienced any of these symptoms? If so, which ones?
- What do you and your family member in FIRST 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 doctor 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. The following table describes the criteria for each diagnosis. Often, which diagnosis is made depends on how long the symptoms have been experienced.

<u>Criteria For Each Diagnosis</u>

Diagnosis	Symptoms	Timing of Symptoms
Schizophreniform Disorder	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
Schizophrenia	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
Schizoaffective Disorder	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?

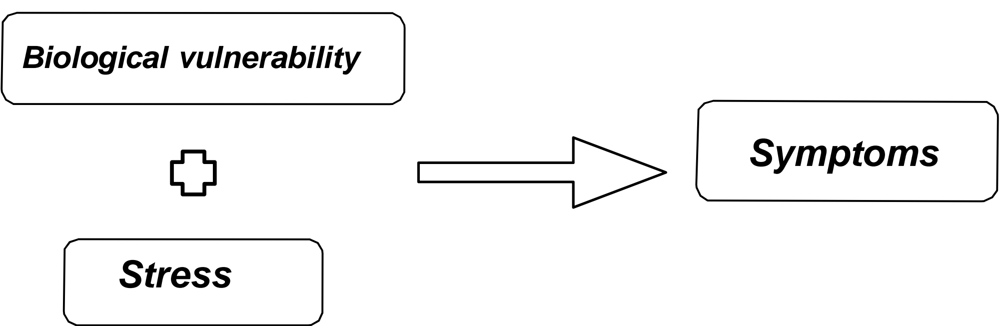
2. Review the symptoms in the Just the Facts-Psychosis handout. Identify and write down symptoms your family member in FIRST has experienced.

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 family member 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 person in FIRST 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 person in FIRST 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 person in FIRST 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 person in FIRST to reduce symptoms?
- Has avoiding (or decreasing) drug and alcohol use helped the person in FIRST 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 person in FIRST 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 FIRST or someone else close to you.

2. Consider the biological vulnerability of the person in FIRST.
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 person in FIRST. What is the person in FIRST 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 person in FIRST? 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: Prodromal
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 person in FIRST 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 FIRST's recovery.

- When people experience psychotic symptoms, there are many things they can do to get their life back on track. Joining the FIRST 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 FIRST already following? How have family members changed their behavior to support him/her?
- What steps could family members take to help your family member 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 psychoeducation program.

The person in FIRST 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 FIRST 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 the person in FIRST? 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/epi/
  - 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.eppic.org.au/docs/Fact4howcan.pdfhttp://www.psychosissupport.com/
  - http://www.psychosissucks.ca/epi/howtohelpfriend.cfm
  - 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 person in FIRST'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. People may have unusual experiences, thoughts, and problems 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 to 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.

Clinical Guidelines for Just the Facts – Medication for Psychosis

OVERVIEW:

This module provides the basic facts about medication for psychosis. You will inquire about the participants' understanding and attitudes toward medication and answer common questions that people often have about medications. As a result, participants will become informed about treatment options for psychosis and help their loved one develop an effective plan to manage medications.

Goals

Provide basic information on which medications are used to treat psychosis, their clinical benefits and side effects.

Help the family support the person in FIRST to become an informed consumer about his/her medications.

Help the participants identify strategies to help her take the medications as prescribed.

Handout

1. Just the Facts – Medication for Psychosis

TEACHING STRATEGIES:

- Before teaching the participant about the specific topic, assess his/her knowledge by asking what he/she knows about medications, benefits and side-effects, etc.
- Do not assume that all participants believe medication is a desirable treatment.
- Normalize ambivalence about taking medications. It is important to note that many individuals don't want to be on medications (for any disease or disorder) and that it is easy to forget to take them.
- Ask the person if he/she ever has any reluctance or difficulty in following any medication prescriptions he/she may have had (e.g., antibiotics, hypertension medications) — typically they have had this experience, and this may create empathy.

- When weighing the pros and cons of taking medications, ask the participants to generate as many as they can (i.e., use "brainstorming"). Also, look for either pros or cons that are particularly strong or compelling. For example, the pros of taking medications may outweigh the cons, but certain cons may be very important to the participants (e.g., taking medications means that the person in FIRST is ill). Help the participants consider how the pros and cons relate to the person's goals. For example, if this person identifies having better concentration as one of the pros of taking medication, this could be connected to his or her goal of wanting to maintain employment.

- Use role plays, if necessary, to help the family members prepare for discussion of medications with the person in FIRST (if not present) and/or the doctor.

- Ask the participants what strategies they use to remember to take medications. Use the table at the end of the handout to identify new strategies.

TIPS FOR COMMON PROBLEMS:

- Participant says that medications have no benefits, and may insist that they only have disadvantages. Do not challenge the participant on this point. Rather, concede that there are disadvantages and help the participant identify additional strategies that will support recovery.

- Participant reports little interest in learning about medications. Do not force the issue. You can either review the material (but not in great depth) or wait until later in treatment when there is more motivation to learn about them.

- The person in FIRST has poor medication adherence.

  - Find out if non-adherence is due to motivation or memory difficulties, if you can.

  - If the former, focus on the pros and cons of taking medications, as well as how medication use relates to his/her broader goals.

  - If the latter, review strategies for taking medications as prescribed.

THE MOST IMPORTANT GOAL OF THE SESSION:

Help the family members figure out how to support the person in FIRST's regular medication taking during early recovery.

EVALUATING GAINS:

- After completing the handout for this topic area, it may be helpful to assess how much knowledge the participants have retained about medications. You can assess a participant's knowledge using the following questions:

  1. What medications are used to treat psychosis?

2. What are some common benefits of these medications? How about side-effects?
3. What are some strategies to try if weight gain is an issue?
4. If you met someone who just had an initial psychotic episode, how would you advise them to talk to their doctor? What sort of questions would you suggest that they ask their doctor?
5. What sorts of strategies are used to help people remember to take medications?

JUST THE FACTS – MEDICATION 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 FIRST 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

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

Additional Medication Possibilities

Medication Category	Possible Benefits	Examples
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, Klonapin, 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 person in FIRST began medication?

How does taking medication for psychosis benefit the person in FIRST?

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

Category of medication	Medication used	Benefits experienced
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 person in FIRST 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 FIRST 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
    - Drowsiness
    - Dizziness
    - Restlessness
    - Dry Mouth
    - Constipation
    - Blurred Vision
    - Increased blood sugar
- Many side effects may go away over time.

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

Questions:

- What side effects has the person in FIRST 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 people in the FIRST program still gain weight. However it happens, the weight gain can be very disturbing to the person and their family members. There are many strategies to try if weight gain becomes a problem in recovery from psychosis.

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

- Persons in FIRST can start watching their food intake. In fact, there are special modules on health in the IRT section of the program. Family members can help by having nutritious snacks around.

- Persons in FIRST can work on becoming more active. Here, family members can be helpful by asking the person if he/she wants to go for a walk or some other activity.

- Persons in FIRST 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 person in FIRST 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 FIRST team to discuss.

Check it out:

✓ Many people find it helpful to plan out in advance how they might talk to their doctor if they experienced side effects. They then feel more comfortable talking to their doctor 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 person in FIRST talk with the doctor 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 doctor's appointment. Be sure to include the following steps (sample ways of discussing this issue with the doctor are noted in italics):

  - Introduce the topic of side effects during the doctor'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 doctor. 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 doctor 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 can't 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?"
- Family members can help practice conversations with the doctor 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. The person in FIRST can make a plan with his/her therapist to talk to his/her doctor 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 doctor 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 doctor 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 doctor to find the medication that is most effective. Talking to the doctor 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 doctor:
  - 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 FIRST 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 doctor 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 FIRST will ask the doctor and practice the questions.

2. Make a list of reasons why it could be important for the person in FIRST 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:

Pros of taking medications (the benefits)	Cons of taking medications (the drawbacks)
Forexample-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 as relationships	Forexample-remembering to take the medication, possible side effects, "feeling different"

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 doctor?

Check it out:

✓ How can the person in FIRST talk to his/her doctor about medications? How can other family members help? Use the information from the table above to help the person in FIRST make a plan to talk to his/her doctor about taking medication. Here are some strategies the person in FIRST can use:

- Ask the doctor 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 doctor to make sure that you understood his or her answer- "So, let me make sure I understand . . ."
- Thank your doctor for his or her help
  - "Thank you for answering my questions."

Family members can help the person in FIRST practice talking to his/her doctor 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 person in FIRST can plan to talk to the doctor as practiced above. Make a special appointment if necessary.
3. The person in FIRST can practice with another family member or supportive person to give him/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 doctor about simplifying the medication schedule.

Questions

- Does the person in FIRST have difficulty remembering to take his/her medication? What strategies have other family members used to help the person in FIRST 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

Strategy	Strategy to try	Plan to use this strategy
Talk to the doctor 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 FIRST 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 doctor and the team. In a person with a first episode psychosis, after a good period of stability and under low stress circumstances, the doctor and person in FIRST may eventually decide to try to decrease or eliminate the antipsychotic medication while monitoring the person in FIRST closely. Often, the doctor 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 doctor.

- 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 person in FIRST can make a plan to try one of the strategies for taking medication regularly. The family can help.
2. The person in FIRST can track when he/she misses any of his/her doses of medication. The family can help.

Summary Points: Just the Facts–Medication 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 doctor right away.
- It is important to be an active partner with the doctor 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

Clinical Guidelines for Just the Facts – Coping with Stress

OVERVIEW:

The handout for this topic provides an overview on stress: what is stress, what are the signs of stress, and what types of situations cause stress (both in general and for the person in FIRST in particular). It also provides information on how to prevent and cope with stress. Stress is conceptualized as a potential problem in both the person in FIRST and their family members' lives.

Goals

1. Provide information on stress, its signs, causes and consequences.
2. Help the participant identify factors that contribute to their own stress and ways to prevent and manage them.
3. Teach specific relaxation techniques for managing stress.

Handout

1. Just the Facts – Coping with Stress

TEACHING STRATEGIES:

- Ask the participant about what stresses him/her out and what strategies he/she uses to manage it.
- Normalize stress as something that everyone experiences.
- Assess the participants' knowledge about his/her own daily hassles and life events as well as his/her perception of the person in FIRST; fill in the gaps of the knowledge with the handout (life events and daily hassles checklists).
- Informally ask the participants about their own stress reactions and how they manage them. Use exercises such as "signs of stress checklist," "strategies to prevent stress," and "how can you cope more effectively with stress," to complement their knowledge.
- Incorporate the participant's own coping strategies (if he/she has some) into the "individual plan for coping with stress."
- Find out if the participant is using relaxation techniques. If so, ask which ones and assess

their effectiveness. If not, find out which techniques the participant wants to learn. Practice the techniques in the session.

- Ask the participant to practice a relaxation technique during the week.

TIPS FOR COMMON PROBLEMS:

- Participants may use maladaptive coping strategies to manage stress (e.g., substance use). If the participant is willing to discuss them, examine the pros and cons of using such strategies.
- Family members may not see how becoming good in their own stress management can be relevant to the outcomes of their family members with psychosis. However, we know persons with psychosis living with family members who use less nagging, prompting, or criticism will do better.
- Time may be short to cover everything in the session. If so, only one relaxation exercise needs to be practiced.

THE MOST IMPORTANT GOAL OF THE SESSION:

Help participants learn to manage their own stress a bit better, which should reduce tension in the family and have a positive outcome on the person in FIRST.

EVALUATING GAINS:

- After completing the handout for this topic it may be helpful to assess how much knowledge the participant has retained about stress. You can assess a participant's knowledge using the following questions:

  1. What is stress?
  2. What is the difference between daily hassles and life events?
  3. What are some ways that people experience stress?
  4. How would you teach someone an individual plan for coping with stress?

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 family members and the person in FIRST can all cope more effectively with stress. People who have developed psychosis are often stressed. Furthermore, family members with a loved one with a psychotic illness often experience high levels of stress, and this stress can impact negatively on the ill person. 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 person in FIRST 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 family member in the FIRST program under stress? How could you tell? How did the stress affect his/her symptoms?

What makes family members feel stressed? What makes the person in FIRST 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 person in FIRST is not attending the session, circle the stressors he/she experienced in the past year.

___Moving
___Getting married
___ New baby
___ Divorce or separation
___ Injury
___Illness
___ New job
___ Loss of a job
___ Inheriting or winning money
___ Financial problems
___ Injury or illness of a loved one
___ Death of a loved one
___ Victim of a crime
___ Legal problems
___ New boyfriend or girlfriend
___ Broke up with a boyfriend or girlfriend
___ Went on a diet
___ New responsibilities at work
___ No place to live
___ Hospitalization
___ Stopped smoking
___ New responsibilities at home
___ Drinking or using street drugs caused problems
___ Other:_________________

___ Total number of life events checked off for you
___ Total number of life events checked off for the person in FIRST

Moderate stress= 1 event
High stress= 2-3 events;
Very high stress= more than 3 events

Daily Hassles Checklist

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

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

___ Not enough $ care of necessities

___ Not enough $ 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 person in FIRST

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 the person in FIRST, if he/she is not attending the session?
- What are the most stressful daily hassles you have experienced in the past week?How about the person in FIRST, if he/she is not attending the session?

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 FIRST is under if he/she is not attending the sessions?
- ✓ Make a list of questions you can ask that person and practice asking the questions of that person. Plan ahead so you can address concerns or questions about the level of stress your family member in FIRST 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 you have experienced in the past week:
Circle the hassles the person in FIRST has 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 over the last week? What do you do when notice you are under stress? How do other family members recognize that the person in FIRST 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 FIRST.

Family Members and Stress

Family conflict can make psychotic symptoms worse. When family members 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 FIRST 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 cannot 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
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		
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		
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	Create reasonable expectations for yourself, and give yourself credit for your talents and strengths. Identify		
Use relaxation techniques	Make a plan to use a relaxation technique such as relaxation breathing, progressive muscle relaxation or		

Use 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."		
Maintain 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.		
Participate in religion or other form of	Make a plan to participate regularly in a religious or spiritual activity.		
Exercise	Work off your stress by making a plan to exercise regularly.		
Listen to music	Put together a playlist of your favorite songs to listen to when you are feeling stressed.		
Do artwork or going to see artwork	Make a plan to fit art into your weekly routine. Read an art book or draw pictures.		
Participate 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 person in FIRST 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 FIRST is not in the session, other family members can ask the person in the FIRST 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 of 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 one time each day for 5-10 minutes for one 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 the person in FIRST did not attend the session, offer to help them 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 seem to do better if their family members 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.

Clinical Guidelines for Just the Facts – Effective Communication

OVERVIEW:

The handouts for this topic are designed to provide a rationale as to why improving communication is important for families with a member living with psychosis, as well as strategies to do so. Role-play and home practice are especially important here. (Additional information for communication skills will be provided in a supplement to this manual.)

Goals

1. Remind participants of the cognitive challenges that are usually found in psychosis so that they are motivated to work on improving their communication.
2. Remind participants that conflict and tension typically are reduced when communication is good.
3. Offer clear strategies to improve communication using the guidelines in the text.
4. Have each family member practice at least one communication skill in the session.
5. Discuss communicating with others about mental illness in the family.

Handouts

1. Just the Facts – Effective Communication
2. Communication Skills Worksheet
3. Active Listening Worksheet
4. Worksheet for Practicing Communication Skills
5. Communicating with Others about Mental Illness in Your Family

TEACHING STRATEGIES:

- Remind families that compensating for cognitive deficits from psychosis is one of the main reasons for improving family communication.
- Discuss the pointers for good communication broadly, then give specifics.
- Reinforce any positive communication you see in the session.
- Set up role-plays so each family member practices at least one communication skill – two is even better. Make sure each person:
  - Does at least two rounds of practice on **each** skill he/she chooses.
  - Gets positive feedback – first from other family members, then from you after the first practice.
  - Receives one suggestion for change ("One thing you might try to make the role-play even better is…") before the second practice.
  - Practices the role-play again.

- Receives more positive feedback.

- Elicit a strong rationale from family members about why home practice is critical to learning new skills.

TIPS FOR COMMON PROBLEMS:

- The person says, "We talk just fine." Acknowledge the strength of the person's communication skills, but again offer the rationale that extra skill is required because of the situation.

- Participants can be reluctant to do role-plays – you should do the first one, move fast, and give lots of praise for ANY efforts.

- If families are engaged but need more help with their communication, consider offering them a second session of communication skills. You can also offer additional information and sessions in communication after the family completed FIRST Family Psychoeducation. (Additional information will be provided in a supplement to this manual.)

- Be mindful of cultural differences; modify guidance as needed by openly discussing cultural issues and preferences with the family.

THE MOST IMPORTANT GOAL OF THE SESSION:

Encourage participants to be brief, clear, and specific in their speech.

EVALUATING GAINS:

- After completing the handout for this topic area, it may be helpful to assess how much knowledge the participants have retained about communication. You can assess a participant's knowledge using the following questions:

  1. What are three of the key points to good communication?
  2. Why is improving communication a vital goal in a family with a member that has suffered a first episode of psychosis?

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 themselves, make requests of others when needed, and resolve conflict when it arises.

Mental Illness and its Impact on Communication

Communication skills are important for all families, but effective communication can be particularly important when a family member has (or has had) an episode of psychosis. Psychosis can disrupt communication in many ways because many individuals with a mental illness often process information differently. Remembering these points in your communication with them can be quite helpful:

1. Sometimes individuals withdraw (physically and/or emotionally) because they feel over-stimulated. People with a mental illness may have a limited capacity for commotion, so they can feel overwhelmed easily and quickly. Sometimes, people with mental illness – just like many people without a mental illness - withdraw when they are feeling depressed.
   - Tip for Families: Avoid taking the withdrawal personally, and remain available if your loved one wants to talk later. You may wish to initiate a discussion about the withdrawal pattern at a later time. [1]
2. Social situations can be very stressful for people with a mental illness, as groups or crowds can feel threatening and anxiety-provoking.
   - Tip for Families: Your loved one may feel more comfortable having only one or a few visitors at a time. You can also limit the length or frequency of large-group activities. [1]
3. Individuals with a mental illness may have an impaired ability to express emotions. Consequently, they may appear detached, cold or emotionally aloof.

- Tip for Families: You will probably feel better if you can understand this emotional distance as part of the illness rather than as a reflection of a relationship problem or some wrongdoing on your or your loved one's part. [1]

4. On the other hand, some people display intense, rapidly escalating emotions.
   - Tip for Families: Although your loved one should be held responsible for his/her behavior and face appropriate consequences, it is helpful if you can recognize the heightened emotionality as a symptom of the illness. [1]

5. People experiencing psychosis often feel bombarded with information, as thoughts and feelings seem to come from both the inside (often as auditory hallucinations or "voices") and the outside world. Therefore, these individuals may struggle to sort out the incoming information and may feel confused at times. When communicating with them, you may notice that they seem distracted or withdrawn (e.g., in a "world of their own"), they may change the topic for no apparent reason, or they may be unable to stick to one subject at a time.
   - Tip for Families: Communication is most effective when it is straightforward, brief, and includes repetition of key points. Avoid arguing about the validity or existence of your loved one's (delusional) beliefs or hallucinations, as the debate will be ineffective and will only heighten the tension. [1] Remember, in your loved one's mind, these beliefs and thoughts are reality.

Other examples of how mental illness can disrupt communication include:

- Exhibiting irritability, anger outbursts, or unpredictable behavior due to mood changes
- Misunderstanding others leading to anxiety or suspiciousness
- Making unreasonable demands or having a lack of concern about others because of preoccupation with fears or anxiety
- Experiencing difficulty accurately processing social information, such as facial expressions or hints, leading to misunderstandings

These problems with communication often 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.

Research has revealed that families who learn and use good communication skills and solve problems well as a family can significantly reduce the likelihood that their loved one will

be re-admitted to the hospital – and reduce the length of stay if he/she does need to go into the hospital (Dyck et al., 2002; McFarlane, 2002).[1]

However, improving communication skills can reduce the frustration and stress in the family and help with healthy interactions. (When families that have a loved one living with mental illness are asked about their concerns, they often report significant worry about the high level of stress in the household and the nature of the relationships within the family unit [Pollio, North & Foster, 1998]). One way to improve communication is by learning to better understand the ways your loved one thinks and processes information. Being able to communicate and genuinely trying to understand each other's feelings can be very meaningful: "The most healing gift you can give to someone in pain is the awareness that you are honestly trying to understand what they are going through, even if you get it wrong" (Hudson, 1999, p. 37).[1]

Questions:

- What is good about the communication in your family? Are there any areas you would like to improve?

Pointers for Good Communication Skills

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

1. Get to the point

Long-winded, roundabout statements can be hard for anyone to follow, but this is especially true when someone 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 the point across to the other person and to be sure your point is understood.

2. 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. Using "I" statements such as "I feel…" are direct and to the point. When upset feelings are involved, using "I" statements instead of "blaming" (the other person) statements can help to avoid putting the other person on the defensive. For example, instead of saying "You ticked 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." (You will get to practice this particular skill later in the session.)

3. Speak for yourself and not others

People often speak for others because they think they know how 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/her own feelings. The problems that result from people speaking for each other can be avoided if everyone is responsible only for expressing his/her own feelings. This change may seem difficult for family members who are not used to direct communication, but in the long-run it can be helpful to everyone.

4. Expressing positive feelings

Everyone feels good when his/her efforts are acknowledged. Expressing positive feelings about what someone has done - no matter how small - lets him/her know that it is appreciated (and that he/she is appreciated). Positive feedback can also let the other person know what one cares about, which can lead to 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.

An example of expressing positive feelings could be "I'm proud of you that you went to your appointment even though you weren't feeling like it."

5. 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.

An example of making a positive request could be "I would appreciate it if you could go shopping for groceries today" or "I'd like you to come with me to my doctor's appointment this Wednesday because I would like your help in explaining my medication side effects to the doctor; I would be relieved to know you can be there with me."

6. 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 in a serious tone of voice.
- Tell the person what he or she did that displeased you.
- Tell the person how it made you feel, and be specific.
- Make a request for change, if possible.

An example of expressing negative feelings could be "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" or "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?"

7. Compromise and negotiation

People do not 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 to the other person/relationship, as well as takes. Being willing to compromise is an effective way of reaching a 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 them say (to let them know you were listening and to be sure you understood them correctly).
- Suggest a compromise.
- Be open to discussing other possible compromises.

Here is an example of compromise and negotiation:
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 11:00pm."*

Sam: *"I know you worry, but she has been trustworthy and often if she goes to the late movie she won't even be out by 11:00pm. It is pretty early for a weekend."*
Jane: *"So you think Emma is trustworthy and 11:00pm 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 until midnight only one night on the weekend, and the other night on the weekend she needs to be in by 11:00pm?"*

8. 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:

- Indicate that the situation is stressful.
- Tell the person that it is interfering with good communication.
- Explain that you would like to take a temporary break.
- Give the person an idea of when you will be ready to talk and problem-solve the situation.

An example of expressing negative feelings could be "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."

9. Listen to the other person actively and effectively

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 in the middle of talking or not really listening to what he/she has to say. When we assume we know what the other person has to say, we are often wrong, and this can interfere with the change that both people want. Not listening invalidates the other person's perspective and implies that change is not possible. Actively and effectively listening to each other lets the other person know you are interested and care about what he/she has to say. The following steps can be used to demonstrate active and effective listening: [1]

- Look at the speaker.
- Nod your head and say something like "yes, I see" or "okay" as the speaker continues to talk.
- Ask questions to clarify that what you heard is what the speaker meant.
- Summarize what you heard the speaker say.
- Remember to listen *at least as much* as you talk. (You will get to practice this particular skill later in the session.)

10. 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 personality characteristics or traits) is especially important when you are upset because you can make it clear to the person what you are upset about.

An example of focusing on behaviors rather than personality could be "I am concerned because you are drinking so much and I worry about your health," rather than saying "You are an alcoholic." Or saying "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," rather than saying "You're thoughtless; you only think of yourself."

Questions:

- Which skill(s) is/are 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 might think "most people don't speak to each other like this." However, keep in mind that the goal for FIRST Family Psychoeducation is to strengthen communication skills above and beyond "the average" to compensate for concentration and attention problems that often are part of experiencing psychosis. The ultimate goal is to be a better communicator than most people in order to support the person in FIRST's recovery. (Later in the session, each of you will get to practice at least one of the communication skills that was presented in the handout.)

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 one of these new skills each day, recording how it went on the *Worksheet for Practicing Communication Skills*, which can be found later in this module.

The Dos and Don'ts of Effective Communication[2]

Families are often stuck in old, familiar patterns of communication. Some habits may be effective, whereas others may not work any longer. Let's look at some additional "dos" and "don'ts" that lead to more effective communication:

Do:

1. Use the "two-sentence rule." Keep your communication simple, clear, and brief.
2. Ask *only one* question at a time.
3. Stick to the current issue, rather than bringing up "old issues."
4. Stay calm.
5. Minimize other distractions by turning off the television and radio.
6. Pay attention to nonverbal behavior; both your nonverbal behavior (e.g., the way you stand or tone of voice) and the nonverbal behavior of your family member.
7. Help your loved one identify his/her feelings by suggesting several choices (e.g., "Are you feeling angry, sad, or worried right now?")
8. Acknowledge what you believe you heard him/her express.
9. Show empathy or caring for his/her feelings. You may wish to normalize that emotion and share a similar experience that you have had in the past.
10. Decide together on a regular time for communication. Even if you are together most of the time, families benefit from having a set time to routinely talk about more difficult issues that have come up and that need to be addressed. Choosing a low-stress time when both of you are more likely to feel at your best is important.

Don'ts:

1. Don't try to argue your loved one out of delusional or false beliefs. Your efforts to convince him/her that the belief is wrong will only increase the stress in the situation and will probably not change his/her views. Remember that these thoughts and beliefs are reality to your loved one.
2. Avoid giving advice unless you are asked – or if the person cannot make the decision on his/her own. It is best to make decisions together whenever possible.
3. Avoid interrupting each other.
4. Don't talk down to each other (e.g., "You are acting like a child").
5. Avoid name-calling.
6. Don't generalize (e.g., "always" or "never"). It is best to focus on the specific behavior rather than the individual overall.
7. Don't yell or shout.
8. Don't personalize the family member's behavior. Recognize that the symptom may be part of the mental illness and may have nothing to do with you, or that perhaps your family member was just having a bad day but was really not upset with you.

Summary Points for Just the Facts – Effective Communication

- Strong communication skills are important for all families and relationships.
- Good communication can help to compensate for the attention and memory problems that occur with psychosis.
- Statements should be brief and specific.
- It is important to use "I" statements.
- Practicing new ways of talking can be awkward at first, but it is helpful.
- Practice is important to strengthening skills.

Communicating with Others about Mental Illness in Your Family[2]

A common question many families ask is "What should we tell our family members and friends?" The answer to that is surprisingly simple: As much or as little as you want and that you feel comfortable with. It is important to discuss this issue as a family so that each person knows how the others, especially the person in FIRST, feel and so an agreement/a consensus in the family can be reached.

Facts can educate people about mental illness and challenge some stereotypes and myths. As mentioned early on in FIRST Family Psychoeducation, people may hold incorrect beliefs about what it means to have a mental illness, especially given the media's often sensationalized and inaccurate portrayal of mental illness. If you are ever uncertain as to what is fact versus fiction/myth when you hear something about mental illness, be sure to ask one of the FIRST team members who will be happy to discuss this with you.

If you want others to better understand mental illness, the following information can be helpful:

- Although the exact cause of mental illness is not yet known, many mental illnesses have a strong biological/genetic component, but environment also plays a role.
- Mental illness is very common. Over 6 million Americans have a serious mental illness, such as schizophrenia, schizoaffective disorder, bipolar disorder, or major depressive disorder.
- Mental illness affects thinking, behavior, feeling, and judgment.
- The course of mental illness is often unpredictable, and symptoms can come and go for no apparent reason. However, sometimes we are able to identify triggers and warning signs to prevent a relapse from occurring.
- There are no known cures or easy ways to prevent mental illness – but doctors can help some symptoms with medications and therapies. The side effects of some medications can be unpleasant, and it is important to communicate any side effects with your doctor.
- Mental illness can be quite severe and chronic. It often has a strong impact, both emotionally and financially, on the person with the mental illness and those close to him/her. Therefore, individuals with a mental illness need a great deal of support and understanding.
- Mental illness is not contagious.
- Individuals with mental illness are rarely dangerous (and people who are dangerous or commit violent crimes are often not diagnosed with a mental illness).

[1]Mueser & Glynn (1999). *Behavioral Family Therapy for Psychiatric Disorders, Second Edition*. New Harbinger Publications, Inc. Oakland, CA.

[2]Sherman, M.D. (2008). *S.A.F.E. Program: Support and Family Education: Mental Health Facts for Families* (3rd ed.). Oklahoma City: Oklahoma City VA Medical Center. Available at: www.ouhsc.edu/SAFEProgram

Communication Skills Worksheet[2]

Skill: The "I" Statement

One specific tool for making a direct communication is called the "I" statement. This skill requires the speaker to take responsibility for his/her feelings and desires. The purpose is to tell someone how you feel about his/her behavior without degrading, accusing, or arousing anger in the other person.

When making "I" statements, it is most helpful to use this format:
"I feel _________________ when you _________________ (because __________)."

Can you come up with a few examples?

"I feel _________________ when you ____

(because ____)."

"I feel _________________ when you ____

(because ____)."

"I feel _________________ when you ____

(because ____)."

Advantages of using the "I" statement:

1. These messages get the listener's attention. Individuals can sometimes become overly self-involved and may be unaware of other family members' feelings.
2. These messages are non-blaming, so they minimize defensiveness.
3. These messages force the speaker to identify, express, and take responsibility for his/her own feelings.

The "I" statement can be used to:

1. Make a request
2. Give praise. Praise strengthens the relationship and increases the likelihood that the individual will do the behavior again in the future.
3. Express negative feelings in an appropriate way.
4. Redirect the focus back to the family member's concern about the person's behavior.
5. Ask the individual to change his/her behavior, remembering that it is important to express/say:
    a. Exactly what the person did
    b. How you feel about the behavior
    c. How you would like him/her to change this behavior in the future

Role-Play for Communication Skills[2]

Use of the "I" statement is easier said than done. You can benefit from practicing this skill in various situations. It can be used with more than just the family members who are here today. You will find success communicating with friends, children, co-workers, other family members, etc. if you practice the skills and work hard at it.

Let's take some time to practice making "I" statements as a group.

Active Listening Worksheet[1]

Date ___________

Active Listening Skills

- Look at the speaker.
- Nod your head and say things like "okay" or "I see" so the speaker knows you are listening.
- Ask clarifying questions.
- Paraphrase/summarize what you have heard.
- Wait until the speaker finishes before responding.

Be sure each "listener" is given positive feedback on his or her use of active listening skills immediately after he or she practices the skill.

Person Listening	Skills Used	Person Speaking/Topic
1.		
2.		
3.		
4.		
5.		

Mueser & Glynn (1999). *Behavioral Family Therapy for Psychiatric Disorders, Second Edition*. New Harbinger Publications, Inc. Oakland, CA.

Worksheet for Practicing Communication Skills

For practice over the next week, try one new communication skill (that we have discussed in Family Psychoeducation) each day, recording how it went. We can review this together at our next session.

Use this worksheet to record the date, the skill you used (expressing positive feelings, requesting a time-out, making positive requests, etc.), the person to whom you talked, the situation, what you said.

Date	Skill(s) Used	Person you talked to	Situation	What you said

Clinical Guidelines for -Problem-Solving and Decision-Making

OVERVIEW:

This section will provide information and offer practice to help families work through problems and set goals together using a step by step guide. For situations that are more complex or are not readily solved, creating a decisional balance can be helpful as a preliminary step to solving a problem.

Goals

1. Identify the problem to be solved or decision to be made.
2. Conduct a problem-solving session or decisional balance, as appropriate.
3. Follow-up with the family to review the problem-solving work that was completed at home. Review what worked and what was less effective.

Handout

1. Just the Facts - Problem-Solving and Decision-Making
2. Problem-Solving or Goal Setting Sheet
3. Decisional Balance

TEACHING STRATEGIES:

- Begin by engaging family members in small talk.
- Be prepared to conduct either problem-solving or complete a decisional balance.
- Involve all family members.
- Conduct a follow-up session to review how successful problem-solving was at home, areas to continue working on, barriers to problem-solving, etc. Continue practicing problem-solving in sessions to provide additional practice for families.

COMMON BARRIERS TO SOLVING PROBLEMS AND ACHIEVING GOALS:

One person does not want to solve the problem

- In general, a strategy for dealing with the difficulty of one person not wanting to be involved in solving the problem includes attempting to redefine the problem so the person becomes more interested in participating in the discussion. For example, parents who were upset about their son's refusal to bathe regularly were able to engage him in a discussion by changing their

definition of the problem from *"Joseph rarely bathes and smells unpleasant"* to *"Joseph doesn't like it when his parents nag him about bathing."*

•

Choosing among multiple problems

- Families may face many problems. Decisions must be made regarding which problems should be addressed first, second, and so on. The most important consideration when prioritizing problems is the urgency of the problem. Crisis-oriented problems, (e.g., suicidal thoughts, self-destructive behavior, violence or threats of violence toward others, marked worsening in symptoms) must be addressed immediately. The next type of problem to be addressed is that of a possible relapse of symptoms. The abuse of drugs or alcohol, which can precipitate a relapse, is a high-priority problem. Similarly, if the person with psychosis stops taking medication or has begun to have early warning signs of a relapse, it is important to get help from the family clinician to facilitate problem-solving around the family's concern.

The problem or goal is too broad and it is unclear where to start

- Some problems or goals may be so large they seem to be as insurmountable. Breaking down a large problem into small, manageable chunks can aid the process of problem-solving, just as a tall mountain can be climbed by taking many small steps. To break the problem down into smaller elements, identify what needs to be changed first, then second, etc. Try to make each element small enough so that it can be solved, and work on only one step at a time. For example, person in one family was interested in improving his personal hygiene without prompting from family members. The task of improving hygiene-including bathing regularly, washing hair, brushing teeth, combing hair, and deodorant use-was too great to solve in a single family meeting. However, family members were able to make headway on the problem when they worked on improving only one hygiene area (e.g., brushing teeth) at a time. Remember to praise small steps toward the big goal.

The session results in arguments

- Meeting when tension is low and avoiding blaming statements can reduce arguments. Defining the problem very specifically, rather than generally, can also help prevent arguments. Focusing on how to improve things for the future, instead of dredging up the past, also helps. When there is a conflict among family members, it is usually because each person has a different viewpoint about a problem, which can be difficult to change.

Family Members do not follow through on plans

- There are three basic reasons why most family members do not follow through on a plan that has been agreed upon during a session: 1) they forget; 2) they do not know exactly what they are supposed to do; and/or 3) they do not believe the plan selected will lead to the best solution. Strategies for overcoming these obstacles are as follows:
  1. Reminding people to follow through on their part of the plan can prevent forgetfulness. Reminders can be verbal or written. Some families post a list of all family members' roles in solving a problem. It is helpful to post the list in a prominent spot, such as on a bulletin board or the refrigerator. (Remember to be mindful about placement of this list; some families may not feel comfortable with having it displayed prominently where guests might see it.)

2. When a plan is being discussed during the session, efforts should be made to clarify exactly what each person's role is and what he or she is expected to do. The clinician should ask every family member what they promised to do between meetings to help each person know his/her role.

3. Sometimes people do not do their part of a plan because they do not really believe that the plan will work, or they disagree with the definition of the problem itself. If someone repeatedly does not follow through on the plan, despite reminders, this possibility should be explored. The solution may need to be adjusted.

No matter how hard the family tries, the problem cannot be solved

- Sometimes it is difficult to solve a problem or achieve a goal despite many attempts. When all reasonable efforts have been made, redefining the problem or goal can be a useful strategy. For example, one participant in the FIRST program kept saying she wanted to quit smoking. Her parents thought that it was a great idea – her father had lung cancer from smoking. Unfortunately, trying to quit smoking was very stressful and the person in FIRST got very irritable with her parents and brother, had a hard time sleeping, and kept worrying about putting on weight. While she acknowledged smoking was a problem and not good for her health, her family members decided that they would redefine the goal as keeping her smoking to less than half a pack a day over the next three months, until she was a little more stable on her medication and the holidays were over. She agreed with the plan and quit smoking about 6 months later.

PROBLEM-SOLVING STEPS

Many families find that working to solve problems *in a systematic way* can lead to better outcomes. Families can learn to use a specific set of strategies to resolve problems and meet goals effectively. Two strategies are available to the clinician: problem-solving and decisional balances. Some situations are *problems to be solved* while some situations involve *making a decision* rather than solving a problem.

Families often find that following a specific structure for solving a problem can help to organize the members and keep them focused on the problem at hand. The family clinician helps organize the family and structure the discussion to follow the steps of problem-solving below. Using the se steps has been shown to increase the likelihood that successful solutions will be found.

<u>The six steps are as follows:</u>

- Discuss the problem or goal.
- Brainstorm at least three possible solutions.
- Briefly evaluate each solution.
- Choose the best solution.
- Plan the implementation.
- Review the home implementation at the next session, modify as needed.

Sometimes people are faced with complex situations that do not immediately lend themselves to the steps of problem-solving. They require that a preliminary decision or choice be made before the initiation of problem-solving. Typically, such decisions involve major lifestyle changes, such as whether the person in FIRST should continue to live at home, enroll in school, begin using alcohol again, or tell friends about his/her recent problems with psychosis. To help make these difficult decisions, the family clinician can introduce the task of conducting a *decisional balance*. A decisional balance involves learning steps similar to problem-solving, including: (1) define the decision to be made; (2) generate a list of the advantages and disadvantages of one decision, and the advantages and disadvantages of another decision; (3) discuss the

relative advantages and disadvantages; (4) select the best choice; (5) plan on how to implement the decision; and (6) follow-up about the plan at a later session. Everyone in the session should help give ideas for the decisional balance. Once a course of action has been chosen, a variety of problems or goals can be identified (one at a time) using the problem-solving strategy discussed above.

THE MOST IMPORTANT GOAL OF THE SESSION:

Resolve the issue using problem-solving techniques.

EVALUATING GAINS:

- You should monitor progress by collecting information from all possible sources — the team, person in FIRST report, family report-- to see if the issue is improving.

Just the Facts - Problem- Solving and Decision-Making

Problems are an inevitable part of life for all of us, and learning how to cope effectively with problems is important. Confronting problems can be challenging, especially if difficulties accumulate, involve numerous people, and/or involve a sense of helplessness. We often do not deal with problems effectively when we are overwhelmed by strong emotions.

Problem-solving can be especially challenging for families coping with mental illness. When family members attempt to address problems with the individual who has been diagnosed with a serious mental illness, frustration and challenges may arise. It is important to remember that individuals with mental illness may face special challenges when dealing with problems, such as heightened emotionality, irrational thinking, impaired judgment, impulsivity, or distorted perceptions.

There are some common problems that arise for families dealing with mental illness. These include:

- Disagreements among family members
- Financial difficulties
- Medication compliance
- Drug and alcohol use/abuse
- Lack of participation in family activities (e.g., doing household chores, going to church)
- Failure to follow household rules (e.g., no smoking in the house)
- Coping with potentially stressful life events (e.g., family celebrations, moving, deaths)
- Threats of danger (e.g., suicidal comments/behavior, threats and/or acts of violence)
- Coping with the mental health system (e.g., changes of provider, inpatient admissions, insurance)

Can you think of any others? What are some challenges that your family faces?

Sherman, M.D. (2008). *S.A.F.E. Program: Support and Family Education: Mental Health Facts for Families* (3rd ed.). Oklahoma City: Oklahoma City VA Medical Center. Available at: www.ouhsc.edu/SAFEProgram

Many families find that working to solve problems in a systematic way can lead to better outcomes. Families can learn to use a specific set of strategies to resolve problems and meet goals effectively. In this handout, we first discuss how to work on solving problems and present the steps of successful problem-solving.

However, some situations involve making a decision rather than solving a problem. For example, the person in FIRST may need to decide whether to go back to school or to move from where he/she lives. In such a situation, making a decision may lead to problems that need to be solved. To increase the likelihood of making the best choice possible, using a structured approach to making a choice — a decisional balance — may be helpful. The nuts and bolts of a decisional balance are presented in the second part of this handout.

> Using a systematic approach can help families solve problems and make decisions.

Organizing Family Problem–Solving

Families often find that following a specific structure for solving a problem can help to organize the members and keep them focused on the issue at hand. The family clinician helps organize the family and structure the discussion to follow the steps of problem-solving. Using these steps has been shown to increase the likelihood that successful solutions will be found.

Steps of Problem-Solving and Goal-Attainment

The structured approach to solving problems in FIRST follows six steps. The clinician works with family members and focuses on one step at a time. We encourage everyone to participate actively in the family discussion, and all feedback is welcome.

The six steps are as follows:

1. **Discuss** the problem or goal. Define the problem or goal as simply and specifically as possible. All family members talk about the problem or goal, pay attention to what each person has to say, and find a definition that everyone agrees on. It is especially important for the people most involved to talk about how the problem affects them. When everyone has expressed opinions, family members try to arrive

at a common definition of the problem or goal. This may require family members to compromise with each other. Wording the problem or goal positively in terms of how to change something can facilitate accomplishing this step. When family members agree on a specific definition, it is written down. During the discussion it may become clear that the problem actually involves a decision to be made. Strategies for good decision making are discussed later in this handout.

2. **Brainstorm** at least three possible solutions. At the beginning of this step, family members review previous attempts to resolve the problem. This review helps avoid repeating the same mistakes or resolutions that were not effective. Then, everyone identifies as many potential solutions to the problem as possible. Do not evaluate the solutions at this time. Even "fantasy solutions", outlandish ideas, and humorous responses can be included. Everyone should contribute at least one idea, and no one is criticized.

3. **Briefly** evaluate each solution. List the advantages and disadvantages of each idea for solving the problem or achieving the goal.

4. **Choose** the best solution or combination of solutions. Try to pick the simplest solution that is likely to solve the problem. The chosen solution(s) should be agreed upon by the family members. Sometimes, one or two solutions are clearly favored by everyone. Other times, family members may differ as to which solutions they prefer. Solutions may need to be modified or compromises made in order for the family members to reach agreement.

5. **Plan** the steps for carrying out the solution. When family members agree on how they want to solve the problem or achieve the goal, they need to formulate a plan to put their ideas into action. This plan addresses four key elements:

   A. **Timeframe:** When will different parts of the plan be accomplished/completed?

   B. **Resources:** Are any special resources needed to carry out the plan (e.g., money, skills, information)?

   C. **Roles:** Who is responsible for doing what?

   D. **Possible obstacles:** What could interfere with putting the plan into action? How could these obstacles be avoided or dealt with, if they occur?

6. **Review** implementation at the next session; modify as needed. After the family has agreed upon a plan, a follow-up session is scheduled to evaluate if the plan was successful, identify any barriers, etc. At this session, family members will discuss and praise efforts that have been made to implement the plan and evaluate whether further effort is necessary to solve the problem or achieve the goal. You may need to problem-solve to address any obstacles encountered along the way.

Summary of Steps to Solve Problems and Achieve Goals:

1. Define the problem.
2. Generate possible solutions.
3. Evaluate each possible solution.
4. Choose the best solution or combination of solutions.
5. Plan how to carry out the solution(s).
6. Review implementation of the plan and praise all efforts.

Four members of a family (including a mother, two sons, and a daughter with first episode psychosis) all lived together in a small apartment. One day, the daughter got into an argument with her boyfriend and threatened to throw a lamp at him. The boyfriend left, but it appeared to the mother that her daughter was experiencing an increase in her symptoms. A session with all family members was scheduled for the next morning. During the session, after several minutes of discussion about the problem, everyone agreed to define the problem as "XXXX feels like she might hurt someone." The family identified six different possible solutions:

1. Take extra medication.
2. Go to the nearest hospital for an evaluation (and perhaps admission).
3. Daughter leaves the apartment.
4. Other family members leave the apartment.
5. Go to the hospital where the daughter was previously admitted.
6. Call the treatment team for an evaluation.

After considering the advantages and disadvantages of each possible solution, the family members agreed that the best solution was number 5 because the daughter felt the situation was urgent, and she was most comfortable going to a hospital where she was familiar with the treatment staff. A plan to implement the solution included the following steps:

1. Clinician calls hospital to see if there are available beds for admission. (If no beds are available, the closest hospital would be called.)
2. Mother calls cab for transportation to hospital.
3. Daughter packs clothes and toiletries.
4. One of the brothers accompanies his sister to hospital.

The plan was followed successfully, and the daughter was admitted to the hospital and received treatment.

Questions:

- How does your family solve problems?
- What problem do you need to work on today?

Many difficulties in solving problems can be overcome.

Making Good Decisions

Sometimes people are faced with complex situations that do not immediately lend themselves to the steps of problem-solving. They require that a preliminary decision or choice be made before the initiation of problem-solving. Typically, such decisions involve major lifestyle changes, such as whether the person in FIRST should continue to live at home, enroll in school, begin using alcohol again, or tell friends about his/her recent problems with psychosis. To best help with making these difficult decisions, the clinician can introduce the task of conducting a decisional balance.

A decisional balance involves learning steps similar to problem-solving, including: (1) define the decision to be made; (2) generate a list of the advantages and disadvantages of one decision, and the advantages and disadvantages of another decision; (3) discuss the relative advantages and disadvantages; (4) select the best choice; (5) plan on how to implement the decision; and (6) follow up about the plan at a later session. Everyone in the consultation should help give ideas for the decisional balance.

An example of a decisional balance completed by a family to weigh the advantages and disadvantages of their family member with psychosis quitting cocaine is provided in the table below.

Decisional Balance for Using or Not Using Cocaine

Option A	Potential Good Outcomes from Option A	Potential Bad Outcomes from Option A
Using cocaine	Might have fun	May get depressed
	Will see friends	May end up in hospital
		Make family upset
Option B	Potential Good Outcomes from Option B	Potential Bad Outcomes from Option B
Not using cocaine	Can buy clothes with cash	Will be bored
	Family will be happy	Will miss friends
	Will do better in school	Have to detox

Taken together, what is the best option? __Not using________________________

____

After the Decisional Balance is completed:

Once a course of action has been chosen, a variety of problems or goals can often be identified (to be worked on one at a time) using the problem-solving strategy discussed above. For example, with the person who completed the decision balance on cocaine use, the decision to avoid cocaine use resulted in a series of new problems, including:

1. Dealing with cocaine urges;
2. Finding sober friends; and
3. Finding other enjoyable activities.

The person in FIRST and their family were then able to define each of these as a specific problem or goal and used the steps of problem-solving that they had previously learned to work through the new, smaller issues.

Summary Points: Problem–Solving and Decision-Making

1. Solving problems using a structured approach often leads to better outcomes.
2. Everyone's input is important.
3. The steps to solve problems and achieve goals are:
    a. Discuss the problem.
    b. Brainstorm three possible solutions.
    c. Briefly evaluate each solution.
    d. Choose the best solution(s).
    e. Plan the implementation.
    f. Review implementation at next family session.
4. Families may encounter difficulties in solving problems together, but there are strategies for overcoming obstacles.
5. When there are important decisions to make, listing pros and cons in a decisional balance can be very useful.
6. Both problem-solving and decisional balances are important parts of FIRST Family Psychoeducation.

Problem-Solving or Goal Setting Sheet

1. Discuss the problem or goal. Get everyone's opinion. Try to reach an agreement on exactly what the problem/goal is. Write down specifically what it is:
   ____
   ____

2. Brainstorm at least three possible solutions and list them below. (Don't evaluate them at this time – wait until step three.)

3. Briefly evaluate each solution. List major advantages and disadvantages below.

Solution	**Advantages (list several)**	**Disadvantages (list several)**
Solution 1:		
Solution 2:		
Solution 3:		

4. Choose the best solution(s). Consider how easy it would be to implement the solution and how likely it is to be effective.

____

____

5. Plan the implementation. When will it be implemented?

____

____

What resources are needed, and how will they be obtained?

____

Who will do what to implement the solution?

____

List what might go wrong in the implementation and how to overcome it. (You can practice any difficult parts of the plan.)

____

____

____

Who will check that all the steps of the plan have been implemented?

____

6. Review and discuss implementation at next family session. (Date:______________)
   Revise as needed.

Decisional Balance

Option A	Potential Good Outcomes from Option A	Potential Bad Outcomes from Option A
Option B	Potential Good Outcomes from Option	Potential Bad Outcomes from Option B

Taken together, what is the best option?

____

____

Clinical Guidelines for Relapse Prevention Planning

OVERVIEW:

This topic provides information about relapse and a strategy for relapse prevention planning. Both the concept of a relapse and an early warning sign are introduced, followed by a discussion of triggers that can bring about relapse. Finally, a plan for responding to early warning signs is discussed.

Goals

1. Educate family members to the idea that symptoms wax and wane but flare-ups can be managed.
2. Help family members identify OBSERVABLE early warning signs.
3. Help family members identify potential triggers for symptom flare-ups.
4. Help family members consider developing a relapse prevention plan.

Handouts

1. Just the Facts – Relapse Prevention Planning

TEACHING STRATEGIES:

- Be matter of fact about the content; normalize variations in symptoms over time.
- Discuss how family members can elicit information from the person in FIRST if he/she is not present in the session. Help them practice how to approach this person and discuss his/her symptoms or early warning signs if he/she is not attending family sessions.
- If the person in FIRST attends, the family can actually discuss early warning signs, triggers, and develop a relapse prevention plan. This is much more difficult if the person does not attend.
- The relapse prevention section of the IRT is very extensive—this is a good time to work with the IRT clinician to see, even if the person in FIRST is not attending family meetings, if a family meeting might be useful.

TIPS FOR COMMON PROBLEMS:

- Be prepared for the person in FIRST to be nervous talking about relapses--the experience needs to be normalized and families helped to see that relapses are typical but can be managed. Also, be prepared that people who have had a first episode of psychosis may not have experienced a relapse. They may also firmly believe that they will never have one.

- If the person does not attend, it may be impossible to complete a relapse prevention plan. However, the person will complete a relapse prevention plan in IRT and the family members could be coached to ask the person to talk about the plan, using good communication skills.

- The family can also discuss ways they can make themselves aware if a person is relapsing (e.g., sleep patterns changing; drastic changes in mood; withdrawing). However, it is important to remind the family that the person in FIRST experiences mood fluctuations, desires "alone time," feels irritable, etc. just like everyone else. Not every observable change is a sign of relapse. Striking a balance between being aware of warning signs and not becoming overly anxious that a relapse is occurring is difficult and will take time to learn as a family. It is important that family members make note of the changes and monitor these changes so that if a relapse is starting, it can be addressed.

- As clinicians, we must help family members to be aware of potential relapse without over-pathologizing natural/common human behavior and experiences

THE MOST IMPORTANT GOAL OF THE SESSION:

Help family members understand that symptoms go up and down, but early steps to act on them can often minimize big problems.

EVALUATING GAINS:

- After completing this module it may be helpful to periodically assess how much knowledge the person in FIRST has retained about the symptoms and course of psychosis. You can assess a person's knowledge using the following questions:

    1. What are some of the common signs of a relapse?
    2. What are some of the common triggers for a relapse?
    3. Has your family member in FIRST had a relapse?
    4. What is your family's relapse prevention plan?

Just the Facts - 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 that talking about them might make it 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?
- Describe a time when 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 person in FIRST'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 family member build social supports.
- Assist your family member in using 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 person's first episode of psychosis, and then make a plan to follow if they re-occur. It is important to remember that the person in FIRST experiences mood fluctuations, desires "alone time," feels irritable, etc. just like everyone else. Not every observable change is a sign of relapse. Striking a balance between being aware of warning signs and not becoming overly anxious that a relapse is occurring is difficult and will take time to learn as a family. It is important that family members make note of the changes and monitor these changes so that if a relapse is starting, it can be addressed.

Question:

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

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, relapses often develop gradually over longer periods of time, such as over several weeks.

Typically there are 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."

Family members can play a critical role in helping identify and monitor early warning signs.

Typical early warning signs that family members might notice in the person in FIRST 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 person in FIRST ever 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 person in FIRST had before experiencing a relapse of symptoms.

Triggers of Relapse Checklist

Personal Descriptions of Triggers	The person in FIRST experienced something like this
Not getting enough rest or sleep.	
An increase in stress (at home, work, school, etc).	
Drinking alcohol or taking drugs.	
A major change in his/her life (e.g. moving to a new apartment, starting school).	
Arguments or tension with family members, friends or significant others (e.g. boyfriend or girlfriend).	
Discontinuing any prescribed medication.	
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 in the future.
  - For example, if a family member noticed that drinking beer with his/her friends tends to trigger an episode for the person in FIRST, he/she could help 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 person in FIRST, the family member could talk with him/her 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

Early warning sign experienced by the person in FIRST	**Trigger experienced by the person in FIRST**	**How family members might have responded differently**

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 FIRST did not attend the session, ask family members what they remember as possible triggers before the person in FIRST's 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 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 FIRST'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 FIRST.

- 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 FIRST 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 re-evaluation 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:

- Has there been a time when, as a family you helped the person in FIRST to stop early warning signs from becoming a full relapse? If so, what did the family and person in FIRST do?

Check it out:

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

Early Warning Sign Spot Check

- It is helpful to review early warning signs with the person in FIRST and other family members.

- If family members recognize early warning signs, they can let the person in FIRST know. How would the person in FIRST like to discuss potential early warning signs that someone is observing? Family members can also ask what they 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, attending an AA (or NA) meeting, or talking to 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.
- Relapse Prevention Plans can be modified over time. It is important to review this Plan from time-to-time with the person in FIRST and family members so that everyone has the most current information.

An example of a Relapse Prevention Plan is presented on the next page.

Relapse Prevention Plan

(adapted from Birchwood et al., 2000)

I. 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.

II. 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 FIRST and what can they do?

1.
2.
3.
4.

Who should be contacted in case of an emergency?

	Name	Phone Number
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 doctor.
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 doctor can help me determine if I need a change in my medications.

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

Name	PhoneNumber
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 is a home practice option that you can review now or at the end of the session.

1. The family can work together with the person in FIRST to develop a Relapse Prevention Plan.

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 in order to avoid relapses 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.
- Relapse Prevention Plans can be modified over time. It is important to review this Plan from time-to-time with the person in FIRST and family members so that everyone has the most current information.

Clinical Guidelines for – Collaborating with Mental Health Professionals

OVERVIEW:

The handout for this topic is designed to provide participants with key information about how the professional mental health system works, including types of mental health services, types of staff, facilitating communication, issues of confidentiality, and language. Many participants will be new to the system, and while they have had an orientation to the FIRST program, they may have had little other opportunity to acquaint themselves with how the system works.

Goals

1. Inform participants about the types of mental health services typically available, including staff titles, responsibilities, and organization.
2. Help participants learn why communication is important among everyone on the team, and how sharing of information works.
3. Help participants learn about confidentiality laws.
4. Encourage participants to ask for clarification when they do not understand what is being said to them by professionals.

Handouts

1. Just the Facts – Developing Collaboration with Mental Health Professionals

TEACHING STRATEGIES:

- Before teaching the person in FIRST about a specific topic, assess his/her knowledge by asking him/her what he/she knows about the local mental health system.
- Ask who the members of the team are that are serving the person; see what the person knows and clarify any inaccuracies.
- The confidentiality laws and issues about sharing information can be daunting; go slow. Be prepared to discuss the rationale for laws that may seem harsh.
- Encourage family members to be creative in how they think about sharing information with staff.
- Role-play asking a staff member for clarification if they are stumped by something the staff member said.
- Consider revisiting issues with the person around sharing information if this has been a problem in this family.

TIPS FOR COMMON PROBLEMS:

- Many participants, especially family members, will have had some very difficult situations arise pertaining to confidentiality. They may want to tell their story; this is fine — just be empathic.

- Likely the experience in FIRST is very different from other mental health experiences the families have had in terms of attentiveness to the persons' needs. Acknowledge this, if it is brought up.

- You need to educate the person both about the FIRST program and the rest of the mental health system, since people may graduate or transition out of FIRST at some point.

THE MOST IMPORTANT GOAL OF THE SESSION:

Encourage family members to work closely with the professional mental health team, even when it is challenging.

EVALUATING GAINS:

- You can assess a person's knowledge using the following questions:

  1. What are the titles and duties of two people typically on a mental health treatment team? Are there people with these responsibilities on the FIRST team?
  2. If your family member does not consent to an open sharing of information between staff and other family members, how can you get information to the team anyway?

JUST THE FACTS – COLLABORATING WITH MENTAL HEALTH PROFESSIONALS

A key objective of the FIRST program is to help family members and friends work more effectively with the mental health professionals caring for their family members in FIRST. In most cases, outcomes are best when the person who has had a first episode of psychosis, the treatment team, and family members 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 family 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 family members interacting with treatment staff, family members 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, family members, 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 overseeing 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. In FIRST, all family members have the option to receive case management.

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 that experienced a first psychotic episode is willing, it is often helpful for family members to meet with the person and the professional who has primary responsibility for coordinating the person’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.

Family members 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 (as the person might have only limited memory of these responses) and side effects.
- Developing a treatment plan.

In addition, family members can also ask questions about strengthening recovery for their family member with the episode of psychosis. For example, family members 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 their 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 FIRST program, we encourage frequent meetings among the individual with the psychosis, their family members, and the treatment team.

Providing Key Information

Sometimes the individual with the psychosis does not want his or her family involved in treatment. However, family members believe they have information critical to the person's care. What should a concerned family member 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 family member 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, family members may have to reconsider whether partnership is even possible. They may 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 on the following pages.

Questions:

- What do you want to talk about with the FIRST 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 FIRST team.
2. Bring the concerns to the next meeting with the FIRST 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 or two page description of the person'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 FIRST 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 two page description of the person in FIRST'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 own best interest. For example, a person with a psychotic disorder can decide he/she no longer needs treatment before he/she has recovered. He/she may also become suspicious about family members. In light of these problems, an optimal treatment plan for the person is frequently based on open sharing of relevant information early in treatment.

This sharing can take place among the individual with psychosis's concerned family members and friends, and the treatment team. "Relevant information" does not mean every single thought the person in FIRST or family member has shared. It refers to circumstances related to managing the situation successfully. Relevant health information

(HIPAA) 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 family members and friends of the person. 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 interest. In such a situation, communication between the treatment team and family members can be vital.

Communication Options for Family Members

Family members 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 a family member or concerned loved one. Many persons who have experienced an episode of psychosis see the value of having family or other supporters 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 family members and the treatment team. However, their family members 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 family, but the family members have important information for the team? In this case, the family members 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, family members could acknowledge the dilemma for the professional. The key is to assure the professional the family member is only providing information. He or she is not trying to obtain information protected by confidentiality laws.

In the FIRST program, the goal is open sharing of information among the person in FIRST, family members 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 FIRST, the treatment team is comprised of a team leader, a family clinician (who may also be the team leader), IRT counselor, a supported education/employment worker, a case manager, 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 family members. Family members can deal with this limited access in several ways:

- Cultivate a relationship with one of the other healthcare professionals working on the FIRST team. This person can sometimes "troubleshoot" for families if there are specific concerns they want to bring to the attention of the treatment team.

- Request a meeting with the person in treatment and the psychiatrist, accommodating whatever scheduling the psychiatrist can offer.

Advocating for the person in FIRST

Recovery from psychosis takes a coordinated effort among the person in FIRST, his or her family, and the mental health professionals involved. In this handout, and in other parts of our program, family members may become aware that their family member 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 FIRST to ask for what he or she may need. Family members can also advocate for this need. Consult with the treatment team, because understanding their thinking about what might benefit the person in FIRST 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 can help with 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, family members 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 the FIRST team 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 FIRST meeting.

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

Summary Points: Just the Facts – Collaborating with Mental Health Professionals

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

Clinical Guidelines for Just the Facts – Family Members' Guide to Supporting Recovery from Psychosis

OVERVIEW:

This module is designed to provide family members with key points on how they can support recovery from psychosis — by supporting engagement in treatment, by keeping conflict and tension in the family to a minimum, and by pursuing personally meaningful goals.

Goals

1. Review the key points of supporting recovery from earlier handouts:

- 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.

2. Inform participants about the link between low rates of family conflict and criticism and better outcomes.

3. Inform participants that data shows that a person who has family members pursuing personal goals and continuing to develop themselves will do better.

Handout

1. Just the Facts – Family Members' Guide to Supporting Recovery from Psychosis

TEACHING STRATEGIES:

- Begin by asking family members about recovery supports they are offering; praise all efforts.
- Normalize high levels of tension in families dealing with psychosis, but point out the value of change.
- Pitch the discussion about reducing family conflict and stress in a positive light – you do not want to be perceived as criticizing the family but rather helping members think about things in a new way.
- Encourage all members to take good care of themselves and pursue important goals – health, social, career – as this is a way to model successful living for the person in FIRST.

TIPS FOR COMMON PROBLEMS:

- The family members perceive the topics as critical of them. Remind them that this information is routinely offered to all families in FIRST.
- Note that occasional criticism in families is completely normal—the problem is that persons with psychosis are very sensitive to it.
- Counter any negative feedback by lots of praise to family members for what they are doing well. Many family members may be reluctant to pursue personal goals; highlighting their place as vital role models for the recovering person may help. Bad situations can improve with effort.

THE MOST IMPORTANT GOAL OF THE SESSION:

Encourage family members to support engagement in treatment, give praise for positive behavior rather than criticism for negative behavior, and take care of themselves.

EVALUATING GAINS:

- After completing the handout for this topic area it may be helpful to assess how much knowledge the family members have retained. You can assess a member's knowledge using the following questions:

    1. What are four ways family members can help support recovery?
    2. Describe the impact of intensive criticism on a person with psychosis.

JUST THE FACTS – FAMILY MEMBERS' GUIDE TO SUPPORTING RECOVERY FROM PSYCHOSIS

Living with a serious psychiatric illness can be challenging. Being a family member of someone living with a serious psychiatric illness can also be challenging. The potential for a relapse and worries about the future often can weigh heavily on a family member's mind. Fortunately, a relapse is less likely to occur if a family member 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

Family members can assume a positive role in managing stress in the family. Research conducted with families has found that a positive family environment among family members 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, family members often benefit from attempting to understand what their family member in FIRST is experiencing, i.e. "trying to put themselves in the person's shoes." A person with a psychotic illness must cope with disturbing symptoms, side effects of prescribed medication, and the fact that he/she has a psychological 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 family member.

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 family member 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 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. Family members 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 family member 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 person in FIRST 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 person in FIRST at least once daily over the next week about something positive he/she is doing.

Extremely Self-Sacrificing Behavior May Create Difficulties

Many family members are inclined to be extra watchful in caring for a family member with psychosis. Family members may be reluctant to leave the person 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, family members need to be sure they continue on with their life, even though the person in FIRST is still recovering.

Family members 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 family members interact with the person with psychosis may also affect relapses. If family members minimize the criticism, hostility 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 FIRST will be improved. As the person in FIRST improves, this will also have a positive impact on the rest of the family as well!

Two Good Mottos:

1. **Don't sweat the small stuff!**
2. **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: Just the Facts – Family Members' Guide to Supporting Recovery from Psychosis

- Family members 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.
- Family members need to be sure they take care of themselves and have some fun, too.

Clinical Guidelines for Just the Facts – Basic Facts about Alcohol and Drugs

OVERVIEW:

This is an optional module designed to help the family understand reasons for substance use and how it can be particularly problematic in psychosis. Family members are also offered some tips on supporting abstinence/recovery from substance use.

Goals

1. Review information on commonly used substances.
2. Review reasons for use, especially as they pertain to person with psychosis.
3. Place substance use in the context of the stress-vulnerability model.
4. Remind family members how they can support low levels of use.

Handout

1. Just the Facts – Basic Facts about Alcohol and Drugs

TEACHING STRATEGIES:

- Begin by asking family members about what they know about substance use and what role it may play in psychosis.
- Normalize substance use (not abuse) in the culture; the point here is that people with psychosis are uniquely sensitive to substance use effects, even if they do not use more than others.
- Review types of drugs briefly; if the person is present and willing to talk about the impact of various drugs on his/her life, especially regarding symptoms and losses, this is to be encouraged.
- Encourage all family members to recognize the perceived benefits (even if they are short-lived) of substance use for the person in FIRST — this is a way to create empathy with his/her struggles.

- Review the list of negative outcomes from substance use — make sure that the outcomes the person has experienced are identified.

- Encourage family to commit to as many tips for helping with substance use listed in the handout as possible.

- Encourage family members to praise the person in FIRST for even small changes in behavior.

TIPS FOR COMMON PROBLEMS:

- Be prepared for varying degrees of openness on this topic between families; support candor wherever you can.

- If the topic arises, remind family members that we do not think substances cause psychoses that last more than a month, but may combine with underlying *vulnerabilities* to develop psychosis and thus the ultimate development of symptoms.

- Be prepared to act quickly if tensions arise, using the strategies mentioned at the beginning of the overview to the clinical guidelines.

- Some family members may be unprepared to support abstinence in the person in FIRST (e.g., be unwilling to reduce their own substance use). Do not fight over this — just point out that the situation may be different for the person because of his/her underlying vulnerability and any help is positive. Praise any willingness to be supportive.

- It may become clear that family members use together. This means the topic may need to be revisited frequently. See the point immediately above.

THE MOST IMPORTANT GOAL OF THE SESSION

Help family members to understand that, while there may be perceived short-term benefits, substance use tends to make recovery from psychosis more difficult because people with psychosis are uniquely sensitive to substance use effects.

EVALUATING GAINS:

- After completing the handout for this topic area it may be helpful to assess how much knowledge the family members have retained about medications. You can assess a member's knowledge using the following questions:

  1. Why do people with psychosis often use alcohol and drugs?
  2. What are two ways family members can help support reduction or elimination of alcohol or drug use?
  3. Why is substance use a particular problem in a person who has had a psychotic episode?

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 psychotic episode 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 substance use and psychosis. If substance use has been an issue for the person in FIRST, 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 of their lives and their recovery.

Question:

- Do family members think the person in FIRST 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, 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 more severe or additional 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/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 tea, some sodas	-Feeling alert	-Feeling jittery -Interference with sleep
Nicotine	Smoking, chewing tobacco	-Feeling alert -Feels good	-Health problems, such as emphysema, lung, throat, or 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 person in FIRST ever tried? Anything he/she has tried (such as over-the-counter medicines or herbal preparations) that is not on the list?
- Have any of the family members of the person in FIRST noticed any effects (positive or negative) from any substances that the person 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

1. To socialize

Using substances with other people can make you feel like "one of the crowd." It can make it easier to meet people, 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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 or when they are having conflicts with others, when 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.

7. 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.

8. 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 person in FIRST 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 person in FIRST 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 their eyes—you do not need to change his/her mind at this time.

Substance Use and Psychosis

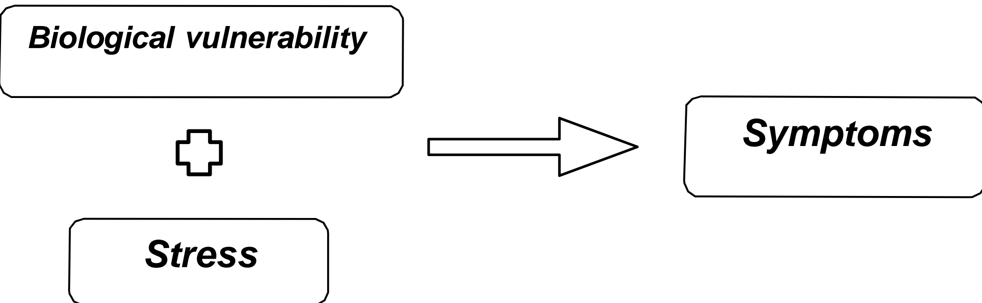
Using alcohol and drugs is common. However, substance use can also cause problems. People who have recently experienced a psychotic episode are especially sensitive to the effects of substances.

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 preventing relapses, leading to worse symptoms and more relapses.

- Substance use can increase stress by having negative consequences or by disrupting the individual's protective factors (e.g., loss of social support because of arguments about use, interference with a structured daily activity, missing work or school).

Psychosis makes people very sensitive to alcohol and drug effects. A person may not be drinking more alcohol or using more drugs, but any use for someone with a psychotic illness 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 person in FIRST appeared to have any change in sensitivity to alcohol or drugs since he/she experienced a psychotic episode, such as 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, including the following:

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/school or meeting their full potential. They may be late, miss work/school because they were up late the night before, or it may appear that they do not care about things they cared about before.

Social problems

Substance use often causes conflicts with other people, especially family members or friends. Family members 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 person in FIRST they were concerned about his/her substance use?
- Has substance use ever led to arguments or conflicts in 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. 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 result in blood borne infectious diseases such as hepatitis C and the HIV virus. 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 of 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 person in FIRST developed any of these problems mentioned above because of substance use?

Tips to Help with a Person's Substance Use

Substance use is common in persons with a psychosis and it may 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 doctor 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 person in FIRST 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 person in FIRST 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 family members are going to use over the next week and try them.

Summary Points: Just the Facts–Basic Facts about Alcohol and Drugs

- Many people with a first episode of psychosis use substances.
- Common reasons for individuals who are experiencing (or have experienced) a first episode of psychosis may be using substances 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.
- Family members 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.

PHASE THREE

✓Planning Next Steps

PHASE Three: Planning Next Steps

Planning Next Steps involves 1) the person in FIRST and their family electing to no longer continue in Family Psychoeducation; 2) supplemental sessions involving an in-depth review of one (or several) of the topics that had been covered during the Family Psychoeducation Program (FPE); 3) additional sessions as needed for crisis management, if/when situations should arise; 4) monthly check-ins with the family clinician; and/or 5) involvement with the National Alliance on Mental Illness (NAMI) in your area.

No further family work at this time

The family may decide that they no longer need or desire additional FPE sessions or contact with the family clinician at this time. It may be that circumstances at home have changed and finding time for additional sessions is not feasible at present. Reassure the family that they have worked hard in the FPE and have gained a wealth of knowledge and skill as they move forward. Encourage the family to commit to at least one monthly check-in to ensure that no further assistance or support is needed at this time and to explore progress made and how the family has tackled any setbacks. However, if the family elects not to schedule a monthly check-in, be sure to reinforce that you and the FIRST team are available to them should the need arise in the future. Provide each person in the family (including the person in FIRST) with your business card so they may reach you at a later date.

In-depth review of specific topic(s) covered

A subset of families will likely benefit from more intensive work or a more extensive review of one of the topic areas covered. Indicators of a need for a more intensive level of services include 1) person or family not making desired progress on goals; 2) continued high levels of conflict in family; and 3) a family member initiating frequent contact with the FIRST treatment team with many concerns about treatment and/or the person. When considering if providing a more in-depth review of the material will be beneficial to the family, the family clinician should also take into account whether the issue might be better served through another resource (in which case the family can be referred to other resources for appropriate assistance).

At this point, the family clinician will have a great deal of information about the person and his/her family members, including the person's progress on goals, family's progress on goals, level of program participation, personal and family strengths, levels of family conflict, and issues that may interfere with ongoing recovery. Given this knowledge about the family, the family's reported desire to engage in additional sessions on topics of their choosing, and the family clinician's assessment of the potential benefits of - and level of need for - providing additional information sessions, supplemental sessions may be scheduled at this time. Once the family has expressed interest and the family clinician believes the family will benefit from these additional sessions, progress made on goals thus far should be evaluated. In addition, new goals for the person and their family should be established, as well as setting a time frame to complete these sessions, as we do not want supplemental sessions to evolve into family therapy. Supplemental sessions should be provided only after the original FPE manual has been completed. Additional information for these supplemental sessions will be provided to the family clinician in a separate binder.

Sessions as needed for crisis situations

Most of the contact between the family members and the family clinician will occur during the monthly check-in meetings. While many issues can be resolved during these sessions, some problems may require more extended effort to address this successfully. Examples of these kinds of issues might include 1) managing an incident of aggression in the home; 2) the person's ongoing problems with substance use; or 3) helping the person prepare to go back to school. When the family clinician becomes aware of such an issue, he/she can offer the family a series of meetings wherein he/she can consult with the person and their family members about how to address the issue. Additionally, crises do arise (e.g., hospitalization of the person, death in the family) that require brief crisis intervention to 1) help the family return to a more stabilized state; 2) reinforce the skills learned in FPE; and 3) remind each family member and the person in FIRST that they have support from the FIRST treatment team during highly stressful times. These crisis/consultation sessions should not be conceptualized as "traditional" FPE sessions, as the family clinician is serving primarily as a consultant and resource to the family. Typically one-to-three, 50 minute sessions are scheduled over a month's time, with family members completing specified homework between sessions to work on resolving the problem or crisis. Keep in mind that any member of the FIRST treatment team can suggest holding these sessions if they become aware of a crisis situation or specific problem that could benefit from a brief consultation with the family clinician. This is why communication amongst the FIRST treatment team is vital.

Monthly check-ins with the family

Many families will only need a modest level of services from this point, which would typically include monthly contact ("monthly check-ins") with the family clinician (preferably in person, but also can be done by phone).

It is critical for the person in FIRST, their family members, and the FIRST treatment team to continue to be able to share information. Planned monthly contacts with the family clinician provide a forum for this information-sharing, as well as providing an opportunity to see how the family is doing. It is preferable for the meetings to be held face-to-face during the first year, with both the family and the person in FIRST. However, if necessary, phone contact will suffice. Participants should be called one day in advance to remind them of the face-to-face meetings. Typical monthly contact meetings would last for 50 minutes. As the participants raise issues, the family clinician reviews educational material, gives advice and guidance, or problem-solves to resolve concerns.

Involvement with local National Alliance on Mental Illness (NAMI) Chapter

An additional resource available to families/support persons (as well as some programming for individuals diagnosed with a mental illness) is NAMI. NAMI is volunteer, nonprofit, support and advocacy organization comprised of consumers, families and friends of people living with severe mental illnesses. Please be sure to have basic contact information for the local NAMI chapter and a description of NAMI available to families as they complete FPE. It may be helpful for the family clinician to discuss NAMI during FPE sessions and encourage families to contact the local NAMI chapter.

Monthly Check-Ins with the Family

It is critical for the person in FIRST, their family members, and the treatment team to continue to be able to share information. Planned monthly contacts provide a forum for this information-sharing, as well as providing an opportunity to see how the family is doing. Meetings should be held monthly, in person for the first year, with both the family and the person in FIRST. However, it is preferable to have the meeting on the phone rather than missing it for a month. After the first year, if the person is doing well, phone check-ins may suffice after that. Participants should be called one day in advance to remind them of the face-to-face meetings. Typical monthly contact meetings would last for 50 minutes. As the participants raise issues, the family clinician reviews educational material, gives advice and guidance, or problem-solves to resolve concerns. The family clinician also reminds families, as appropriate, that as people progress through FIRST, discharge to other treatment is a typical outcome. This keeps the long-term focus on moving the person in FIRST and their family towards being as fully integrated into the "non-mental health community" as possible.

Introduction, Alliance-Building, and Agenda Setting (5 Minutes)

Regardless of the main focus of this session, it begins with utilizing the alliance-building techniques presented previously and setting the session agenda. In the alliance-building stage, the family clinician greets all family members warmly and asks how each person's week went, particularly emphasizing "any urgent issues that might get in the way of the work today." The goal is to be engaging, but not to be deterred by other issues, unless they are critical. The agenda for the session includes:

1) Review of person in FIRST's current status and check-in with family.

2) Discussion of goals and relevant progress.

3) Review of person in FIRST's participation in treatment program.

4) Monitoring for early warning signs.

5) Progress/concerns.

(To all) "It's good to see you all again. The session will run about 50 minutes, and I want to get a clear sense of how XXX is doing in his recovery, how the family is doing, answer any questions you all have, and address any concerns. Any crises or urgent issues we need to address before we begin?"

In the examples that follow, keep in mind that the questions are samples. We do not want to bombard the person in FIRST and the family with back-to-back, rapid-fire questions.

Review of Person in FIRST's Status and Check-In with Family (10 Min.)

Here, you will prompt the person in FIRST and the family to discuss his/her current status, as well as how the family is doing. It is important to engage both the person and the family members in the discussion, and identify opportunities to review any of the educational material, as relevant. This is especially important if the family members are critical of the person in FIRST.

(To Person in FIRST) *"XXX, so how have things been going for you over the past month? What has been going well? Any problems? Any symptoms or issues troubling you? How has it been going with*

the medication? I know it can be hard to keep it all straight — how many times have you missed it in the last couple of weeks? Have you been seeing any friends? What about drugs or alcohol?"

(To family members) *"How has XXX been doing? What has been going well? What kinds of improvement have you noted? Any problems? Anything you are worried about? Any concerns on your end?"*

(To all) "How have things been going with the family? How have you all been getting along?"

Discussion of Goals and Progress (10 Min.)

Here, the clinician prompts a discussion about the person in FIRST's treatment goals, individual goals, and family goals – including progress on these goals. It is important to engage everyone in the discussion, and to look for opportunities where clinical knowledge and skills can be integrated into family life.

(To all) "*Who would like to go first and remind us all again what personal goals you have been working on? How have you been progressing on them? Anything you are proud of? Any problems working on the goals? Have you needed support people for these goals? Has your family been helping? Do you need help from your family?*"

(To the other family members who are not discussing their personal goals at this particular moment) *"What have you noticed about XXX's work on these goals? Anything come to mind? Any way you have been able to help?"*

[Make sure each person shares their progress on personal goals and person in FIRST shares progress on treatment goals. Applaud all efforts and progress made.]

"*Now let's discuss the family goals that you all set. Who can remind us of those goals? How have you been progressing on them? Anything you are proud of? Any problems working on the goals?*

Review of Person in FIRST's Participation in the Treatment Program, Including Discussion of Next Steps and Length of Time in Program (5 Min.)

The objective of this part of the session is to encourage the person in FIRST to continue to participate in treatment and to evaluate the family's attitudes towards treatment participation. Any obstacles to participation are addressed.

(To person in FIRST) "XXX, how has it been going for you with the FIRST program overall? Have you been making your appointments? Who are you working with now? Any difficulties with transportation or getting to appointments on time? Anything happening with work or school?"

(To family members) "*What has been going well about XXX participating in FIRST? How are you feeling about it? Any concerns?"*

(To all) "You all have been with the program for XX months now. How do you think it is going overall? Any thoughts about how long you might want to continue? Have any of you talked about how long you might want to be continuing with us in FIRST?"

Monitoring for Early Warning Signs (5 Min.)

The goal here is to check for the presence of early warning signs and model this checking for the person in FIRST and their family members. **You should have the person in FIRST's completed relapse prevention sheet available for review.**

(To all) "I have a copy of XXX's relapse prevention plan here. Let's quickly look it over. Has it changed at all? Have any of you noticed any warning signs flaring up? Has anyone noticed any stressors for XXX lately? Are any of the circumstances you mentioned happening now? How have you been handling this? What are some ways XXX has successfully handled some stressors? Was there a time when you noticed XXX may have been struggling with a certain stressor and you were able to offer some help?"

Progress/Concerns (10 Min.)

The goals here are to note any progress made by the person in FIRST or the family members, as well as to ensure that all concerns have been addressed. This is also a time for the family clinician to assess how everyone in the family is coping.

(To all) "*We talked a bit about the progress towards goals everyone is making, including XXX. Anything else anyone wants to share that they are pleased with? Anything else going well from your perspective? What about anything we did not mention that concerns you? Worried about anything else we did not mention yet? How have you all been doing? How are you holding up overall?"*

Closing the Session (5 Minutes)

The session should close with the family clinician:

- asking if anyone in the group has anything else to add
- summarizing the main points covered in the session
- making a plan for follow-up of any problem-solving done in the session
- clarifying how the information obtained here will be utilized by the treatment team
- scheduling the next meeting date
- thanking everyone for attending

After the Meeting

Discuss with other FIRST team members any issues raised in the monthly check-in, as well as successes/progress made.

Family Psychoeducation

A Part of the FIRST Coordinated Specialty Care for First Episode Psychosis (FIRST) Program

Adapted from the

Family Education Program

Lead author: Shirley M. Glynn

Contributing authors, in alphabetical order: Cori Cather, Susan Gingerich, Jennifer D. Gottlieb, Piper S. Meyer, Kim T. Mueser, and David L. Penn

Clinician Manual

The FIRST manuals are intended to be used in concert with the comprehensive training, consultation and technical assistance services provided by the Best Practices in Schizophrenia Treatment (BeST) Center at Northeast Ohio Medical University.
FIRST manuals have been adapted and produced by the BeST Center.
FIRST Family Psychoeducation handouts have been translated into Spanish and are included at the end of this manual. It is important that these handouts be used and distributed only by a clinician trained in FIRST who is comfortable conducting family sessions in Spanish. Please do not reproduce without permission.

Considerando unirse a FIRST Balance Decisional

Posibles positivos de unirse a FIRST (Ej., Puede sentirse mejor, puede obtener ayuda con metas, los miembros de la familia pueden sentirse más tranquilos si conocen al médico, pueden administrar mejor los medicamentos, pueden reducir el riesgo de recaída)	**Posibles negativos de unirse a FIRST** (Ej., podría arriesgar privacidad, podría sentirse demasiado controlado, podría sentir que no necesita ayuda ahora mismo)

Introducción a la Familia del Programa FIRST

- El programa FIRST está diseñado para ayudar a una persona que ha experimentado un episodio psicótico, y sus familiares y partidarios, aprendan las destrezas y la información necesaria para ayudar a la persona a ponerse en pie y trabajar para tener una vida rica y llena.
- El programa FIRST incluye una serie de intervenciones diferentes, incluyendo medicación, Entrenamiento de Resistencia Individual (IRT), ayuda para regresar al trabajo o escuela (Empleo con Apoyo / Educación o SEE) y un programa de apoyo familiar / educación (psicoeducación familiar o FPE) Para aumentar las posibilidades de recuperación de la psicosis.
- Estas intervenciones han demostrado ser eficaces para ayudar a las personas a seguir adelante con sus vidas después de haber experimentado un episodio psicótico. Hay esperanza de recuperación.
- Los miembros de la familia aprenderán estrategias que les ayudarán a apoyar a la persona en FIRST para perseguir sus metas y continuar con su vida.
- La persona en FIRST estará trabajando con un equipo para ayudarlo con sus metas incluyendo un doctor, líder de equipo, un clínico para consejería y entrenamiento de resistencia, y un experto en asuntos de trabajo y escuela. Él / ella aprenderá estrategias de afrontamiento que le ayudarán a manejar mejor su situación y alcanzar sus metas.

Componentes de tratamiento FIRST

Tratamiento	Proveedor	Objetivos
Cuidado Psiquiátrico	Psiquiatra, Enfermera(o)	Monitorear el uso de medicamentos para reducir el grado de incomodidad de los síntomas.
Psicoeducación Familiar	Líder del equipo FIRST	Proveer información y destrezas para ayudar a las familias a progresar en la recuperación
Entrenamiento de Resiliencia Individual	IRT Clínico	Trabajar en colaboración para avanzar hacia los objetivos y mejorar el funcionamiento
Apoyo al empleo / Educación	Empleo /Especialista en Educación	Proveer apoyo y consejos para ayudarle a volver a trabajar o permanecer en el trabajo
Manejo de Casos/ Apoyo Educativo	Manejador de Casos	Proveer apoyo con necesidades que tengas en la comunidad y ayudarle a volver a la escuela o permanecer en la escuela

Aprenda la verdad sobre la esquizofrenia

Mucho de lo que se ve o se escucha sobre la esquizofrenia en los medios de comunicación u otros no es cierto.

Quizás escuches: Las personas con esquizofrenia son peligrosas.
La verdad: La mayoría de las personas con enfermedades mentales no son peligrosas, y la mayoría de las personas que son peligrosas no tienen enfermedad mental.

Quizás escuches: Las personas con esquizofrenia tienen personalidades divididas.
La verdad: Las personas con esquizofrenia no tienen personalidades divididas.

Quizás escuches: Las personas con esquizofrenia nunca mejoran.
La verdad: Con el tratamiento adecuado, las personas con esquizofrenia pueden y mejoran sus vidas. Muchas personas con enfermedades mentales enriquecen nuestras vidas.

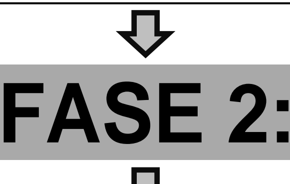
Quizás escuches: La esquizofrenia es el resultado de una mala crianza de los hijos o un carácter débil.
La verdad: La esquizofrenia no es culpa de nadie. Nadie lo causa. Nadie tiene la culpa.

Guía de la Psicoeducación Familiar FIRST

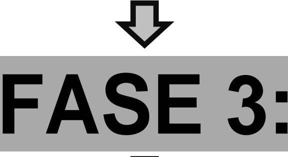
Sesión de Introducción Conjunta:
Introducción general a FIRST para todos los miembros de la familia que participarán en la lección de Psicoeducación familiar

Sesiones individuales:
Cada miembro de la familia, incluyendo a la persona en FIRST, se reunirá con el clínico de la familia individualmente para completar la Guía de entrevistas para miembros de la familia

Sesión introductoria conjunta:
Introducción a la primera familia de Psicoeducación



Sesiones Educativas Conjuntas:
Aproximadamente 10-15 sesiones para completar los diferentes módulos del programa



No más trabajo familiar en este momento	Revisión en profundidad del (de los) tema (s)	Sesiones que sean necesarias para Crisis o Consulta	Registración Mensualmente	Participación con NAMI

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Guía FIRST para entrevistar a miembros de la familia:
FORMULARIO PARA PERSONA EN FIRST

La siguiente es una guía a partir de la cual puede seleccionar preguntas para ayudarle a conocer a cada persona y sus metas, fortalezas, relaciones, factores de estrés, etc. No necesita completar cada pregunta.

Nombre de persona en FIRST: ____________________________ Fecha: ____________________

I. Autocuidado y fortalezas

A. ¿Cómo pasas un día normal? ¿Qué actividades haces (por ejemplo, trabajo, tareas, pasatiempo, ver televisión)? (Describa brevemente un normal.)

B. ¿Qué es lo que le gusta hacer en un día que no tenga trabajo / escuela o un día libre? ¿Tienes la oportunidad de hacer estas cosas?

C. ¿Qué es lo que te impide hacer las cosas que te gustan?

D. ¿Cuáles son sus fortalezas? ¿Cuáles son algunos puntos positivos?

II. Relación con el miembro de la familia

Para las siguientes preguntas, piense en el / los miembro (s) de la familia o persona (s) de apoyo que participan en este programa de Psicoeducación Familiar FIRST con usted.

A. ¿Cuánto tiempo ha conocido (este miembro de la familia)?

B. Cuéntame un poco acerca de (este miembro de la familia) y cómo se llevan. ¿Cómo es tu relación?

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C. ¿Cuánto tiempo pasas con (este miembro de la familia) cada día?_________ ¿Cada semana? _________ ¿Sientes que esto es suficiente, poco, demasiado tiempo?

D. ¿Cuáles son algunos de los puntos fuertes de (este miembro de la familia), algunos de sus puntos positivos?

E. ¿Qué es lo que más le gusta de (este miembro de la familia), o acerca de su relación con él / ella?

F. ¿Cómo usted y (este miembro de la familia) normalmente se comunican / interactúan? (Por ejemplo, ¿hay muchos gritos? ¿Alguien se aleja cuando hay discusiones? ¿Alguien se niega a hablar de problemas? ¿Se comunica con calma y eficazmente?)

G. ¿Cuáles son las dificultades principales que ha experimentado con (este miembro de la familia)?

H. ¿Qué le preocupa más (sobre este miembro de la familia), o acerca de su relación con (este miembro de la familia)? ¿Cómo hacer frente a estas dificultades?

III. Relaciones con otros / Apoyo de otras personas

A. ¿Qué otros miembros de su familia están cerca de usted que puedas contar con ellos para recibir apoyo?

B. ¿Tiene personas que no sea familia (personas que no son parientes de sangre) de la cual usted está cerca y puede contar para recibir apoyo?

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C. ¿Tiene alguien con quien pueda hablar sobre sus problemas o preocupaciones? ¿Quién es esa persona(s)? ¿Cómo es tu relación con esa persona?

D. ¿Cómo se comunican normalmente usted y esta persona? (Por ejemplo, ¿hay muchos gritos? ¿Alguien se aleja cuando hay discusiones? ¿Alguien se niega a hablar de problemas? ¿Se comunican con calma y eficazmente?)

IV. Discusión del Diagnóstico

A. ¿Qué entiende acerca de sus problemas psiquiátricos / o de su diagnóstico?

B. ¿Está usted familiarizado con el nombre del diagnóstico/ trastorno?

C. ¿Cuánto tiempo ha experimentado los síntomas de este trastorno?

D. ¿Qué crees que lo causó?

E. Cuénteme un poco sobre su vida antes de desarrollar estos síntomas psiquiátricos recientemente. ¿Qué hacías con tu tiempo? ¿Cómo le iba con el trabajo o la escuela? ¿Qué estaba sucediendo en su familia? ¿Algún problema con el que estuviste lidiando

F. ¿Su familia entiende lo que está sucediendo con su diagnóstico reciente y su tratamiento? De no ser así, ¿esto causa problemas entre la familia?

G. ¿Usted cree que necesitas tratamiento?

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H. ¿Qué crees que sería de más ayuda para ti en este momento?

I. ¿Cuénteme sobre las circunstancias que le llevaron a recibir tratamiento aquí?

J. ¿Cómo cree que va su tratamiento psiquiátrico?

V. Síntomas y medicamentos

A. ¿Cuáles son algunos síntomas que usted ha notado, o algunos síntomas que a veces frustran o interfieren con sus relaciones, específicamente con (este miembro de la familia)?

B. ¿Ha notado algo que parece mejorar sus síntomas?

C. ¿Ha notado algo que parece empeorar sus síntomas?

D. ¿Qué sabe usted acerca de los medicamentos que le recetan actualmente? ¿Ves algún beneficio de este (os) medicamento (s)?

E. ¿Ha estado tomando el (los) medicamento (s) como el médico le recetó? De no ser así, ¿qué te detiene? (Por ejemplo, se le olvida, los efectos secundarios, simplemente no quiere)

F. ¿Está experimentando algún efecto secundario desagradable de este medicamento? De ser así, ¿qué haces para lidiar con los efectos secundarios desagradables?

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VI. Temas adicionales relacionados con la persona en el trastorno de FIRST

A. ¿El uso de sustancias o alcohol ha sido un problema para usted?

B. ¿Alguna vez te has enojado tanto que no hayas podido controlar tu temperamento? ¿Has tenido peleas (físicamente) con alguien? ¿Alguna vez alguien se ha peleado (físicamente) contigo?

C. ¿Ha tenido alguna relación con el sistema de justicia penal?

D. ¿Qué crees que pasará con tu salud mental en el futuro?

E. ¿Siente esperanzas acerca de su futuro en general?

VII. Estresores

A. ¿Qué dificultades o estresores enfrenta actualmente en su vida?

B. ¿Cuáles son las dificultades o estresores que otras personas en su familia / en su vida están experimentando?

C. ¿Esto causa problemas o tensión en el hogar?

D. ¿Esto le afecta a usted específicamente? De ser así, ¿de qué manera (por ejemplo, causa angustia, aumenta los síntomas)?

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E. ¿Cuáles problemas o situaciones usted cree que necesitas más ayuda para manejar en estos momentos?

VIII. Metas

A. ¿Cuáles son algunas de sus metas personales? (Tanto a corto plazo durante los próximos dos meses, y a largo plazo durante los próximos años). ¿Cuáles son algunas metas que tiene para su familia (como una unidad) que este programa podría ayudarle a lograr?

B. ¿Alguna de sus fortalezas personales que mencionó anteriormente le ayudará a alcanzar sus metas?

C. Cuénteme un poco sobre la razón por la cual decidió unirse a este programa con su familia.

D. ¿Cuáles son sus expectativas de mí [como el clínico de la familia]?

IX. Información Adicional

A. ¿Ha participado en otros programas como este, o en programación fuera del ámbito de la agencia, como la Alianza Nacional sobre Enfermedades Mentales (NAMI)? (De ser así, anótelos.)

B. ¿Algo más que usted piense que sería importante que yo sepa?

C. ¿Alguna pregunta para mí [como el clínico de la familia]?

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Guía FIRST para entrevistar a miembros de la familia:
FORMULARIO PARA FAMILIA / PERSONA DE APOYO

La siguiente es una guía a partir de la cual puede seleccionar preguntas para ayudarle a conocer a cada persona y sus metas, fortalezas, relaciones, factores de estrés, etc. No necesita completar cada pregunta.

Nombre de la familia / persona de apoyo: ____________________ Fecha: _____________

Relación con la persona en FIRST: ____________________ Número de teléfono: ______________

I. Autocuidado y fortalezas

A. ¿Cómo pasas un día normal? ¿Qué actividades haces (por ejemplo, trabajo, tareas, pasatiempo, ver televisión)? (Describa brevemente un día normal.)

B. ¿Qué es lo que le gusta hacer los días que no hay trabajo / escuela o un día libre? ¿Tienes la oportunidad de hacer estas cosas?

C. ¿Qué es lo que te impide hacer las cosas que te gustan?

D. ¿Cuáles son sus fortalezas? ¿Cuáles son algunos puntos positivos?

II. Relación con la persona en FIRST

A. ¿Cuánto tiempo ha conocido (persona en FIRST)?

B. Cuéntame un poco acerca de (persona en FIRST) y cómo se llevan. ¿Cómo es tu relación?

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C. ¿Cuánto tiempo pasas con (persona en FIRST) cada día? ___________ Cada ¿semana?________
¿Sientes que esto es suficiente, poco, o demasiado tiempo?

D. ¿Cuáles son algunas de las fortalezas de (persona en FIRST), algunos de sus puntos positivos?

E. ¿Qué es lo que más le gusta de (persona en FIRST), o acerca de su relación con él / ella?

F. ¿Cómo usted y (persona en FIRST) se comunican / interactúan normalmente? (Por ejemplo, ¿hay muchos gritos? ¿Alguien se aleja cuando hay discusiones? ¿Alguien se niega a hablar de problemas? ¿Se comunican con calma y eficazmente?)

G. ¿Cuáles son las dificultades principales que ha experimentado con (persona en FIRST)?

H. ¿Qué le preocupa más sobre (persona en FIRST), o sobre su relación con (persona en FIRST)? ¿Cómo lidiar con estas dificultades?

III. Relaciones con otros / Apoyo de otras personas

A. ¿Qué otros miembros de su familia están cerca de usted que puedas contar con ellos para recibir apoyo?

B. ¿Tiene personas que no sea familia (personas que no son parientes de sangre) de la cual usted está cerca y puede contar para recibir apoyo?

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C. ¿Tiene alguien con quien pueda hablar sobre sus problemas o preocupaciones? ¿Quién es esa persona(s)? ¿Cómo es tu relación con esa persona?

D. ¿Cómo se comunican normalmente usted y esta persona? (Por ejemplo, ¿hay muchos gritos? ¿Alguien se aleja cuando hay discusiones? ¿Alguien se niega a hablar de problemas? ¿Se comunican con calma y eficazmente?)

IV. Discusión sobre el trastorno / diagnóstico de la persona en FIRST

A. ¿Qué entiende acerca de los problemas psiquiátricos / de la persona en FIRST?

B. ¿Está usted familiarizado con el nombre del diagnóstico/ trastorno?

C. ¿Durante cuánto tiempo (persona en FIRST) ha estado enfermo con (por ejemplo, síntomas experimentados de) este trastorno?

D. ¿Qué cree que causó (persona en FIRST) los problemas de salud mental?

E. Cuénteme un poco sobre su vida antes que (persona en FIRST) desarrollara estos síntomas psiquiátricos recientemente. ¿Qué hacías con tu tiempo? ¿Cómo le iba con el trabajo o la escuela? ¿Qué estaba sucediendo en su familia? ¿Algún problema con el que estuviste lidiando?

F. ¿Su familia entiende lo que está sucediendo con (persona en FIRST)? De no ser así, ¿esto causa problemas entre la familia?

G. ¿Cree usted que (persona en FIRST) necesita tratamiento?

H. ¿Qué crees que sería de más ayuda para (persona en FIRST) en este momento?

I. Cuénteme sobre las circunstancias que llevaron a (persona en FIRST) a recibir tratamiento aquí.

J. ¿Cómo siente que (persona en FIRST) está pasando el tratamiento psiquiátrico?

V. Síntomas y medicamentos relacionados con el trastorno o diagnóstico de la persona en FIRST

A. ¿Cuáles son algunos síntomas que usted ha notado, o algunos síntomas que a veces frustran o interfieren con su relación con (persona en FIRST)?

B. ¿Ha notado algo que parece hacer que los síntomas de la persona en FIRST mejoren?

C. ¿Ha notado algo que parezca empeorar los síntomas de la persona en FIRST?

D. ¿Qué sabe usted de los medicamentos que le recetan actualmente a (persona en FIRST)? ¿Ves algún beneficio de este(os) medicamento(s)?

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E. ¿Sabe si (persona en FIRST) ha estado tomando la (s) medicina (s) como el médico le recetó? Si (persona en FIRST) no está tomando los medicamentos según son recetados, ¿le ha dado a conocer las razones porque no las toma (por ejemplo, se le olvida, por los efectos secundarios, o simplemente porque no quiere)?

F. ¿Sabe si (persona en FIRST) está experimentando algún efecto secundario desagradable por ese medicamento? De ser así, ¿qué (persona en FIRST) hace para lidiar con esos efectos secundarios desagradables?

VI. Temas adicionales relacionados con el trastorno/ diagnóstico de la persona en FIRST

A. ¿El uso de sustancias o alcohol ha sido un problema con (persona en FIRST)?

B. ¿Ha habido algún problema con (persona en FIRST) donde se ha vuelto violento o agresivo cuando está molesto o experimentando síntomas?

C. ¿Tiene (persona en FIRST) alguna participación con el sistema de justicia penal?

D. ¿Qué crees que pasará con el trastorno / diagnóstico de (persona en FIRST) en el futuro?

E. ¿Se siente esperanzado sobre el futuro de (la persona en FIRST) en general?

VII. Estresores

A. ¿Qué dificultades o estresores enfrenta actualmente en su vida?

B. ¿Cuáles son las dificultades o estresores que otras personas en su familia / en su vida están experimentando?

C. ¿Esto causa problemas o tensión en el hogar?

D. ¿Esto le afecta a (persona en FIRST)? De ser así, ¿de qué manera (por ejemplo, le causa angustia, le aumenta los síntomas)?

E. ¿Cuáles problemas o situaciones usted cree que necesitas más ayuda para manejar en estos momentos?

VIII. Metas

A. ¿Cuáles son algunas de sus metas personales? (Tanto a corto plazo durante los próximos dos meses, y a largo plazo durante los próximos años). ¿Cuáles son algunas de las metas que tiene para su familia (como una unidad) que este programa podría ayudarle a lograr?

B. ¿Alguna de sus fortalezas personales que mencionó anteriormente le ayudará a alcanzar sus metas?

C. Cuénteme un poco sobre el porqué decidió unirse a este programa con (persona en FIRST).

D. ¿Cuáles son sus expectativas de mí [como el clínico de la familia]?

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IX. Información Adicional

A. ¿Ha participado en otros programas como este, o en programación fuera del ámbito de la agencia, como la Alianza Nacional sobre Enfermedades Mentales (NAMI)? (De ser así, anótelos.)

B. ¿Algo más que usted piense que sería importante que yo sepa?

C. Cualquier pregunta para mí [como el clínico de la familia]?

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Hoja de Orientación Psicoeducativa Familiar

¡Bienvenido! Este programa ha sido desarrollado para familias que tienen un miembro recuperándose de un primer episodio de psicosis. Entendemos que un episodio de psicosis puede ser perturbador y difícil de tratar. También creemos que el apoyo de sus seres queridos puede ser un elemento fundamental en la recuperación de la psicosis.

- En Psicoeducación familiar FIRST usted se reunirá regularmente con un clínico que es miembro del equipo FIRST. Es ideal reunirse con toda la familia, incluyendo, por supuesto, el miembro que se está recuperando de un primer episodio de psicosis.
- Incluso si la persona en FIRST no viene a estas sesiones, otros miembros de la familia deben asistir a las sesiones. La persona en FIRST estará aprendiendo mucho de la misma información en otras partes de FIRST, así que todavía puedes trabajar juntos.
- Los miembros de la familia también serán invitados a formar parte de los programas FIRST Entrenamiento de Resiliencia Individual (IRT) y apoyo al empleo / educación (SEE), siempre y cuando la persona en FIRST lo consienta. Valoramos su opinión.

Los objetivos de Psicoeducación Familiar FIRST son:

- ✓ Proveer información sobre psicosis, tratamiento, consumo de sustancias, estrategias para hacer frente al estrés y el papel que juega la familia en la recuperación
- ✓ Motivar a los miembros de la familia y a los amigos a ser miembros activos del equipo de recuperación y contar con las opiniones y la colaboración de ellos en el plan de tratamiento
- ✓ Proveer esperanza para recuperación
- ✓ Apoyar a familiares y amigos
- ✓ Discutir las fortalezas personales y familiares, resiliencia y metas
- ✓ Ayudar a desarrollar habilidades de comunicación y resolución de problemas
- ✓ Ayudar a los familiares a apoyar a la persona en FIRST a controlar sus síntomas y a prevenir recaídas

Psicoeducación Familiar FIRST está organiza en una serie de etapas, cada una contiene una serie de temas específicos.

- En primer lugar, vamos a revisar con usted una hoja de consejos sobre cómo puede manejar situaciones difíciles que puede encontrar en sus primeros meses en FIRST.
- También tenemos la historia de uno de nuestros participantes con psicosis en FIRST, que está trabajando en su recuperación con su familia y lo queremos compartir.
- En la siguiente sección, también le haremos preguntas para obtener una idea mejor de cómo ayudarle más.
- La información sobre su situación nos ayuda a determinar qué tipos de tratamiento necesita su familia para apoyar en la recuperación de la psicosis.

El equipo local de FIRST trabaja con un grupo nacional financiado por el Instituto Nacional de Salud Mental para asegurar que los servicios que ofrecemos sean lo más sólidos que pueden ser. Tenemos la ventaja de que los miembros de nuestro equipo pueden obtener consultas de los profesionales de salud mental que desarrollaron el programa FIRST para asegurarse de que estamos proporcionando los servicios más beneficiosos para su familia.

Algunas palabras sobre mantener a todos seguros

Los equipos FIRST trabajan juntos para apoyar la recuperación de personas en el programa, la información comunicada con cualquier miembro del equipo será compartida con otros miembros del equipo de ser útil para desarrollar un plan de recuperación lo más fuerte posible. El equipo FIRST también está comprometido a proteger la seguridad de todos los miembros de la familia. Como usted puede saber, hay leyes que requieren que los profesionales de la salud mental obtengan ayuda si hay preocupaciones acerca de la seguridad de las personas con quienes trabajan. Si alguien en nuestro equipo tiene inquietudes acerca de abuso infantil, abuso de ancianos o abuso de persona con discapacidad, les informaremos a las autoridades y buscaremos ayuda. También obtendremos ayuda de otros si tenemos preocupaciones de que cualquier persona puede hacer algo para herirse a sí mismo o a cualquier otra persona.

Estamos entusiasmados por comenzar este programa.
Esperamos trabajar con usted.

Hoja de consejos para ayudar a las personas en FIRST

La psicosis a menudo hace que la gente experimente altos niveles de angustia, tales como ansiedad, desconfianza, pensamiento confuso o pensamientos o percepciones inusuales. Los medicamentos usualmente ayudan con esto, pero a veces toman algunas semanas o meses para lograr sus beneficios completamente. Mientras tanto, muchos miembros de la familia han encontrado las siguientes directrices útiles cuando interactúan con un miembro de la familia que está en una situación de angustia fuerte.

Mantenga las expectativas mínimas, pero no deje que todas se vayan

Además de tener pensamientos y percepciones inusuales, las personas con psicosis pueden estar tratando con efectos secundarios desagradables de la medicación y pensamiento confuso. Pueden sentirse tan incómodos que dejan de hacer actividades rutinarias, como ducharse, comer o tomar medicamentos. Mientras que los miembros de la familia deben ser comprensivos acerca de lo difícil que puede ser seguir haciendo las actividades cotidianas, cuidarse a menudo levanta nuestro estado de ánimo y nos ayuda a sentirnos más parte del mundo. Los miembros de la familia deben seguir teniendo expectativas pequeñas pero manejables para que el miembro de la familia mantenga una rutina, como ducharse todos los días, asistir a comidas familiares, salir de la casa para tomar aire fresco la mayoría de los días, etc.

Animar pero no criticar. Escoge tus batallas

Las personas con psicosis son particularmente sensibles a la crítica, y esto puede conducir a un aumento de los síntomas o aislamiento social. Cuando las personas comienzan el tratamiento, pueden tener un funcionamiento difícil. Elogie al miembro de la familia por tomar cualquier paso pequeño para mejorar y limite sus críticas. Concéntrese en los asuntos de prioridad: tomar medicamentos, hacer citas, levantarse un rato cada día. Habrá tiempo para tratar asuntos más grandes más adelante.

Ayude a su familiar a mantenerse lo más cerca posible de una rutina normal

Es muy fácil para las personas que experimentan psicosis cambiar sus horarios, como dormir la mayor parte del día y permanecer despiertos hasta gran parte de la noche. Este tipo de horario se desarrolla para algunas personas porque los efectos secundarios de la medicación hacen que se sienten somnolientos durante el día o porque se sienten un poco "más seguro" estar despierto por la noche cuando menos personas están alrededor y las demandas sociales son menos. Desafortunadamente, dormir todo el día puede llevar a perderse citas e interferir con los esfuerzos de recuperación. Es importante

reconocer que las personas que se recuperan de la psicosis por lo general necesitan más descanso, pero mantener un horario regular cuando es posible puede ayudar a ponerte al día más pronto.

No discuta con un miembro de la familia sobre pensamientos preocupantes

Si la persona en FIRST expresa un pensamiento o experiencia inusual como un "hecho", no discuta si es verdad o no. Si la persona en FIRST reporta una creencia extraña, como "La televisión me está mirando" o "No estamos seguros aquí", discutir con él / ella sólo puede inducirle a expresar su punto con más firmeza. Pocos de nosotros nos gusta ser contradicho. Si la persona en FIRST ofrece una creencia extraña, como "La televisión me está mirando" o "No estamos seguros aquí", usted no tiene que estar de acuerdo con él o ella, pero usted no tiene que discutir tampoco. Cuando las personas con una psicosis declaran este tipo de creencias, generalmente creen firmemente en ellas y se aferran a ellas tenazmente. En lugar de discutir, los miembros de la familia pueden sentir empatía con el sentimiento subyacente que la persona podría tener, como el miedo, la confusión, la frustración o la incertidumbre.

Aquí hay un ejemplo:

- Persona con psicosis: "Necesitamos salir del restaurante. Todo el mundo me mira."

- Miembro de la familia: "Parece que te sientes muy incómodo. Sé que esto es difícil. Déjame acabar mi sándwich y nos podemos ir." Note que el miembro de la familia no dijo " No, eso no es cierto. Nadie te está mirando." Esta declaración podría hacer que la persona con psicosis discuta con más fuerza que la gente lo está mirando.

Continúe realizando actividades agradables juntos

Si usted y la persona en FIRST solían disfrutar ver deportes juntos, trata de ver un poco de un juego de pelota juntos. Si a los dos les gustaba ir de paseo a tomar una taza de café, trate de ir aunque si sólo pasen un corto tiempo en la cafetería.
Continúe buscando actividades positivas y de poco estrés para ayudarle a sentirse conectado.

Cuídate

En momentos de estrés, los miembros de la familia a veces descuidan su propia salud y bienestar. Es importante atender a sus propias necesidades, también. Trate de comer comidas regulares, duerma lo suficiente, salga de la casa y haga cosas que le ayuden a sobrellevar el estrés que experimenta usualmente. Sea amable con usted mismo.

Lidiar con crisis

Se pueden anticipar muchas situaciones de urgencia, los miembros de la familia pueden tener la sospecha de que la persona en FIRST no está tomando sus medicamentos, o sintiéndose sin esperanzas, o se está alterando más. Quizás puedas hasta llegar a usar las herramientas que obtiene en la Psicoeducación Familiar FIRST para resolver dificultades. A veces las personas en el programa FIRST sólo necesitan un día o dos de menos estrés para sentirse como se sentían antes. Sin embargo, en situaciones más urgentes, obtener ayuda antes (en lugar de después) puede ayudar a aliviar mucho el estrés y reducir la probabilidad de hospitalización. Aquí están algunas directrices cortas por si más ayuda de la que la familia puede ofrecer es necesaria:

1. Tenga la información de contacto para la persona en IRT de FIRST y los clínicos de familia para que pueda llamar fácilmente si cree que la familia necesita ayuda.
2. Llame para pedir ayuda más temprano en el día. Si llama a la clínica a las 9:00 de la mañana, es posible que su familiar pueda ver al médico o al médico ese mismo día. Si llama a las 4:00 pm, eso será más difícil de lograr.
3. Conozca los procedimientos de emergencia de la clínica con anticipación: el clínico de su familia puede ayudarlo. Hay un equipo de crisis que puede ir a su casa de haber una necesidad de una evaluación de emergencia y usted no pueda llegar a la clínica (como por la noche o durante el fin de semana).
4. Mantener precaución. Si hay algún problema de seguridad -piensas que alguien puede resultar herido o puede lastimarse- ¡¡¡atienda el problema de inmediato!!!

La historia de Sam

En el 2003, Sam sentía que estaba en la cima del mundo. Tenía 23 años, era asistente de editor de arte de una revista local, se había graduado de un gran colegio hace un año y vivía una vida maravillosa en San Francisco. Pensaba que las cosas iban muy bien, tan bien que empezó a asumir muchas responsabilidades adicionales en el trabajo y estaba trabajando horas muy largas, a menudo salía del apartamento a las 7:00 am y no llegaba a su casa hasta las 8:00 de la noche. Su jefe estaba complacido con él. Entre el trabajo y salir a los clubes con amigos tres o cuatro noches a la semana, tenía mucho que hacer. En retrospectiva, el piensa que estaba bebiendo más de lo que debería. Comenzó a tener dificultades para calmándose por la noche cuando trataba de irse a dormir -se sentía agitado, con muchos pensamientos en su mente-, algunos sobre proyectos en el trabajo, otros acerca de personas con las cuales se iba a reunir. Se encontró a sí mismo quedándose más tarde y más tarde, a menudo sólo dormía unas horas. Se sentía más cansado por la mañana -todo parecía que necesitaba más esfuerzo- vistiéndose bien para el trabajo, tomando una ducha. Sin embargo, pensó que estaba siendo muy creativo en el trabajo y él se convenció a si mismo de que otros estaban robando sus ideas y sus pensamientos. Estaba pensando tan claramente, que estaba bastante seguro de que podían decir lo que él estaba pensando. Comenzó a llamar a sus padres por lo menos cada dos días quejándose de que sus compañeros de trabajo tomaban sus ideas.

Al principio, su madre y su papá trataron de tranquilizarlo, pero cuando empezó a llamar a todas horas de la noche para quejarse, se ponían cada vez más nerviosos. Seguían diciéndole que no se preocupara por lo que otros estaban haciendo y que se concentrara en sí mismo, pero obviamente eso no lo tranquilizaba. Después de un par de semanas, decidieron conducir a su apartamento un fin de semana. Cuando llegaron allí, se sorprendieron: había obras de arte y fotos en todas partes, el lugar era un desastre y Sam parecía distraído, a menudo murmurando a sí mismo, mirando hacia fuera, muy despeinado. No sabían qué hacer. Finalmente lo convencieron de volver a la casa con ellos durante un par de días para descansar; Estaba despierto la mayoría de las noches caminando. El lunes, la mamá de Sam llamó a su médico y ella sugirió que llevaran a Sam a la sala de emergencias. Al principio, el padre de Sam se mostró renuente: sólo quería que su hijo "se calmara y parara". La madre de Sam argumentó que esa estrategia no funcionaba y que no conocían a ningún psiquiatra u otros profesionales de la salud mental que debían ir a la sala de emergencias. No podían decidir si querían decirle a Sam a dónde iban; Finalmente llegaron al hospital y le dijeron a Sam que necesitaban ayuda para relajarlo. Inicialmente no quería entrar, pero admitió que necesitaba ayuda para dormir y finalmente aceptó entrar. Sam fue evaluado en el hospital y admitido. No quería ser admitido, pero el personal le dijo que si no lo firmaba involuntariamente, lo aguantarían, y el mismo firmó. Los médicos dijeron que estaba teniendo una reacción "psicótica".

Entonces comenzó el "año del infierno" como solía decir el padre de Sam. Sam salió del hospital y estaba tomando medicación, pero estaba más lento y distraído. No estaba en condiciones de trabajar y sus padres tuvieron que llamar y obtenerle una ausencia por enfermedad. Los padres de Sam estaban demasiado asustados que Sam viviera solo, así que se quedó con ellos y encontraron a un psiquiatra local. Intentaron asegurarse que uno de ellos siempre estaba en la casa. Sam estaba claramente deprimido y hablando de suicidio. Oía voces que decían que debía hacerse daño y que estaba haciendo muy poco con sus días; No estaba trabajando, no veía a sus amigos, estaba demasiado distraído para ver la televisión o leer. Trató otro medicamento y luego un tercero, pero Sam todavía pensaba que otros podían leer sus pensamientos y estaba muy sospechoso. Estaba dentro y fuera del hospital. Sus padres controlaron de cerca su medicación, pero poco pareció ayudar.

Toda la familia estaba estresada. La presión arterial de su padre era alta y las úlceras de su madre comenzaron a molestar. Después de unos 6 meses, el médico de Sam finalmente intentó un nuevo medicamento -el cuarto medicamento de Sam- y éste parecía ayudar un poco. Sam podía dormir toda la noche y dejar de hablarse a sí mismo. Todavía se quejaba de que "no podía pensar bien" y estaba muy decaído, pero ya no hablaba de lastimarse. No quería ver a amigos o familiares y pasaba la mayor parte de su tiempo en su habitación. Estaba "cansado" todo el tiempo.

La mamá y el papá de Sam (y a veces su hermano cuando llegaba a la casa de la universidad) comenzaron a ver a un clínico de salud mental de la familia que ayudó a explicar las enfermedades psiquiátricas serias a ellos. Sam había estado en tratamiento durante unos 8 meses para entonces, y ahora tenía un diagnóstico de trastorno "esquizoafectivo". La familia fue a las sesiones cada dos semanas durante unos 6 meses. Aprendieron acerca de los síntomas y el estrés y la medicación y de no exigir demasiado de Sam al principio. Comenzaron a leer sobre la esquizofrenia y el trastorno esquizoafectivo. Los padres de Sam lo motivaban a ir a las sesiones de familia con ellos. Durante unos meses se resistió, pero finalmente aceptó reunirse con el clínico una vez. A él le gustó, no era demasiado agresiva y actuaba como si el pudiera regresar al trabajo o salir de la casa de sus padres, algo bueno podría suceder eventualmente, como si no estuviera atorado para siempre. Sam no quería ir a las sesiones de familia, pero accedió a ver a un clínico por su cuenta. Comenzaron a trabajar en la cómo manejar los síntomas y con técnicas para lidiar con ellos. El clínico seguía preguntándole si tenía metas o planes; no veía cómo podía ir a trabajar, pero siempre había pensado que tendría que recibir más entrenamiento en diseño gráfico si iba a ser un editor de arte exitoso de una revista, por lo que dijo que tal vez quiera intentarlo. El clínico le ayudó a averiguar dónde podía tomar algunas clases,
Y desarrollaron estrategias para poder seguir con las tareas, incluso si se sentía cansado o confundido, y cómo manejarlo si se sentía ansioso o sospechoso en clase. El padre de Sam

preguntó cuándo Sam iba a volver a trabajar - "ser un hombre" - pero su esposa le recordó que Sam parecía estar teniendo algunos síntomas negativos y que tenían que ir lento con él. También le recordó que el clínico de la familia les había dicho que regañarlo haría que los síntomas de Sam empeoraran.

Sam tomó las clases y lo hizo bien. A pesar de que se perdió algunas clases porque se le hacía difícil salir de la cama, recordó que le gustaba mucho el arte. Incluso hizo un par de conocidos en la clase y estuvo de acuerdo con salir con ellos para celebrar el final del semestre. Decidió continuar las clases y obtener un grado de Maestría en Artes de diseño gráfico. Tomó otros 18 meses, pero se sintió aliviado por no trabajar y tenía algunos ahorros que podría usar para mantenerse en forma. Incluso consiguió algunos trabajos independientes.

Durante ese tiempo, se cansó de vivir con sus padres y encontró un estudio que podía alquilar (con la ayuda de sus padres). Sus padres estaban muy ansiosos - sólo aceptaron en dejarlo salir si se reuniría con ellos dos veces por semana para cenar y hablar sobe como le va con la medicación. Sam pensó que mucho pedir, pero agradeció el apoyo y estuvo de acuerdo. No le gustaba estar tomando medicamentos, pero estaba bastante seguro de que lo mantenía fuera del hospital y eso era suficiente para él.

Ahora es siete años más tarde. El progreso ha tenido altas y bajas, pero Sam está viviendo por su cuenta y trabaja a tiempo medio. Él tiene una novia y está en contacto con muchos de sus amigos de la escuela secundaria y la universidad. Tiene síntomas psicóticos de vez en cuando pero nada que no pueda manejar. Sam sigue viendo a su psiquiatra y psicólogo pero con menos frecuencia, y la mayoría de la gente que lo conoce no pensaría que haya algo inusual en él. No ha estado en el hospital desde que obtuvo su estabilizó su medicación. Él se preocupa un poco que se vuelva a enfermar, pero la mayoría de los días está bien. Su familia ha podido reanudar sus actividades normales; Su hermano decidió convertirse en un seudocientífico para tratar de comprender mejor las enfermedades mentales. Sam descubrió que tiene una serie de fortalezas que le ayudan a ser resistente. Es inteligente, creativo, sociable, persistente, apreciativo y valiente. Sus padres descubrieron que también tenían una serie de rasgos que les ayudan a ser resistente - son cariñosos, leales, asertivos cuando tienen que ser, y diligentes. Sam y sus padres todavía tratan de cenar una vez a la semana - Sam figura que es lo menos que puede hacer para ayudarles a los padres a sentirse bien, y él disfruta de su compañía.

INTRODUCCIÓN A LA SESIONES DE HECHOS

Creemos que las posibilidades de recuperación se incrementan si todos en la familia -la persona en FIRST y los partidarios clave de la persona con un primer episodio de psicosis- aprenden sobre el trastorno y qué se puede hacer para mejorar la situación. Los folletos educativos de "Just the Facts" (Solo los Hechos) revisan ocho temas básicos que son vitales para el primer episodio de psicosis:

- Datos sobre la psicosis
- Datos sobre los medicamentos para la psicosis
- Datos sobre cómo lidiar con el estrés
- Datos sobre el desarrollo de la resiliencia
- Planificación de la prevención de recaídas
- Desarrollar la colaboración con profesionales de la salud mental
- Comunicación efectiva
- Guía de los miembros de la familia para apoyar la recuperación de la psicosis

Además, hay un folleto opcional sobre el uso de sustancias y la psicosis.

Cada área temática será discutida usualmente con el clínico familiar en una o dos sesiones. Cuando revise los folletos con su médico de familia, usted discutirá cada área temática y tendrá la oportunidad de hacer preguntas y expresar sus preocupaciones. Vas a:

- Revisar y discutir los síntomas de la psicosis.

- Aprender cómo el modelo de vulnerabilidad al estrés puede ayudarlo a entender los factores biológicos y ambientales asociados con la psicosis y cómo reducir la vulnerabilidad.

- Aprenda datos sobre medicamentos usados para tratar la psicosis, incluyendo las ventajas y desventajas y los efectos secundarios asociados con ellos.

- Desarrolle estrategias para ayudar a la persona en FIRST a tomar la medicación regularmente.

- Identificar áreas de estrés y estrategias para hacer frente a esos factores estresantes de manera más efectiva.
- Desarrollar un plan para lidiar más eficazmente con el estrés.
- Aprender cómo desarrollar resiliencia puede ayudar a todos a seguir hacia adelante para apoyar a la persona en la recuperación de FIRST.
- Identificar los primeros signos de la recaída. Prepararse para posibles brotes de síntomas.
- Aprender a trabajar en colaboración con la persona del equipo de tratamiento de FIRST.
- Entender las leyes de confidencialidad. Mejora la comunicación.
- Aprender los beneficios de mantener menos conflictos familiares para ayudar a apoyar la recuperación.
- Reconocer la importancia de que todos en la familia sigan construyendo su propia vida.
- Aprenda estrategias para lidiar con el uso de sustancias de eso ser un problema en su familia.

El equipo FIRST espera poder colaborar con usted.

Introducción a la Evaluación y Ajuste Inicial de Metas

Introducción y Descripción del Módulo

Los folletos en este módulo serán de aproximadamente 2-3 sesiones de duración, aunque pueden ser necesarias más sesiones dependiendo del número de personas que participan en FPE. A medida que los revise, discutirá cómo definir recuperación y resiliencia. Tendrá la oportunidad de entender mejor las áreas que son angustiantes e identificar fortalezas personales y recursos que podrían ser útiles para aliviar su angustia y seguir hacia adelante con sus vidas. Esta información también proporcionará entendimiento de cómo los miembros del equipo de FIRST podrían ser los más útiles para usted en el tratamiento de sus necesidades, y puede desarrollar de manera colaborativa un plan paso por paso para ayudar a lograr sus metas personales y familiares.

En este módulo vamos a:

- Definir recuperación y cómo la recuperación se relaciona con sus experiencias.
- Identificar sus fortalezas personales y familiares que le ayudarán a alcanzar sus metas como personas y como unidad familiar.
- Identificar áreas problemáticas o desafíos personales en diferentes áreas de funcionamiento, incluyendo su situación de vivienda, objetivos vocacionales y educativos, finanzas, apoyos sociales, actividades de entretenimiento y recreativas, salud y autocuidado, espiritualidad y preocupaciones culturales.
- Identificar a las personas que pueden ayudarle.
- Aprenda cómo una perspectiva de resiliencia puede ayudarle a definir áreas de su vida que le gustaría ser diferente o ayudarle a alcanzar un logro.
- Aprender el proceso de establecer objetivos y descomponerlos en pasos más pequeños y alcanzables.

- Identificar metas personales y metas familiares en las que desee trabajar y descomponer la meta en pasos más pequeños.

- Haga un plan para dar un primer paso hacia sus metas y cómo seguir su progreso.

Lo que espero de usted:

- Voluntad para discutir fortalezas, áreas de mejora y prioridades personales en sus vidas.

- Trabajar de manera colaborativa para desarrollar metas personales y familiares.

Lo que puede esperar de mí:

- Discusiones abiertas y honestas sobre recuperación y resiliencia.

- Ayudar a identificar fortalezas y reconocer las áreas a mejorar.

- Colaboración con usted para desarrollar un plan para lograr metas personales y familiares.

Este módulo se enfoca en ayudarle a definir la recuperación y desarrollar un plan para ayudarle a alcanzar sus metas.

1: RECUPERACIÓN Y RESILIENCIA

¿Qué es Recuperación?

La gente define la recuperación de la psicosis a su manera. Algunas personas piensan en ello como un proceso, mientras que otros piensan en él como una meta o un resultado

episodio psicótico describen la recuperación de su propio punto de vista:

- *"La recuperación de la enfermedad mental no es como la recuperación de la gripe. Es recuperar tu vida y tu identidad. "*
- *"La recuperación para mí es tener buenas relaciones y sentirse conectado. Es poder disfrutar de mi vida".*
- *"No me detengo en el pasado. Me estoy enfocando en mi futuro".*
- *"Ser más independiente es una parte importante de mi proceso de recuperación."*
- *"No tener síntomas ya es mi definición de recuperación."*
- *"La recuperación para mí es una serie de pasos. A veces los pasos son pequeños, como preparar el almuerzo, dar un paseo, seguir mi rutina diaria. Pequeños pasos que se suman."*
- *"Tener una enfermedad mental es parte de mi vida, pero no el centro de mi vida".*
- *"La recuperación consiste en tener confianza y autoestima. Tengo algo positivo que ofrecer al mundo".*

Preguntas

- ¿Qué significa la recuperación para usted?
- Piense en cómo definiría la recuperación. ¿Cómo te gustaría que tu vida fuera diferente?
- ¿Qué estarías haciendo que no estás haciendo actualmente?

Opciones para practicar en la casa

Entre sesiones, la mayoría de las personas encuentran útil intentar poner algún conocimiento o habilidad en práctica en el hogar, para poder ver cómo funciona en su propia situación. Esta es una opción de práctica en casa que este folleto tiene que puede revisar ahora o al final de la sesión.

1. Discuta el concepto de recuperación con un miembro de la familia o un partidario. Comparta sus ideas sobre su recuperación con esa persona.

¿Qué es resiliencia y cómo se relaciona con la recuperación?

- Resiliencia es la capacidad de "recuperarse" o adaptarse frente a la adversidad o un estrés vital importante.
- Resiliencia es una cualidad que puede ayudarle a lograr su recuperación. Descubrir o volver a descubrir la resiliencia puede ayudarle a seguir hacia adelante en el proceso de recuperación y hacer que esté mejor preparado para enfrentar tiempos difíciles en el futuro.
- Todos tienen la capacidad de tener resiliencia y de tener aún más resiliencia. A veces es más difícil evaluar esas cualidades, dependiendo de las circunstancias.
- Algunas personas han encontrado las siguientes estrategias útiles en el desarrollo de la resiliencia:
    - Desarrollar relaciones de apoyo
    - Buscar ayuda cuando necesite apoyo
    - Tomar decisiones firmes
    - Desarrollar relaciones con recursos
    - Desarrollar estrategias para lidiar q sean adaptables
    - Tomar el control de su vida trabajando hacia una meta important

- Las personas son resistentes de muchas maneras diferentes. A menudo, personas han experimentado tiempos muy difíciles o estresantes en el pasado y han logrado seguir hacia adelante con su vida. Las cualidades de resiliencia no siempre son obvias para las personas a primera vista. La siguiente lista proporciona algunos ejemplos de cualidades resiliencia:
    - Habilidades de resolución de problemas
    - Flexibilidad
    - Sentido de propósito
    - Sentido del humor
    - Esperanzada
    - Diligente
    - Capacidad de lidiar con el estrés
    - Perspectiva balanceada
    - Cuidadosa
    - Independencia
    - Iniciativa
    - Creatividad

Preguntas:

- ¿Que considera usted que son sus cualidades de resiliencia como persona?

- ¿Qué considera usted que son tus cualidades de resiliencia como una unidad familiar?

- Piense en personas que tienen resiliencia que usted sabe que parecen ser capaces de recuperarse de cualquier cosa. ¿Qué cualidades de resiliencia poseen estas personas?

Opciones para practicar en la casa

(Esto se puede revisar ahora o al final de la sesión)
1. Discuta el concepto de resiliencia con un miembro de la familia o un partidario. ¿Qué cualidades esta persona considera que es resistente? ¿Qué cualidades de resiliencia ve en esta persona? ¿Qué cualidades de resiliencia esta persona ve en usted?

¿Qué es una perspectiva de resiliencia?

Tomar una perspectiva de resiliencia significa usar sus fortalezas para ayudar a seguir hacia adelante con vida y su recuperación. A menudo, este proceso implica descubrir cómo sus fortalezas pueden ayudarle a lidiar más eficazmente en tiempos de estrés y ayudarle a alcanzar sus metas. Todo el mundo puede trabajar para adoptar una perspectiva de resiliencia a medida que desarrollan sus habilidades de resolución de problemas, sus apoyos y recursos, y su uso de habilidades efectivas para hacer frente a su vida. A continuación se presentan algunos ejemplos de resiliencia.

- María comenzó a experimentar síntomas cuando tenía 19 años. Durante ese tiempo se matriculó en las clases universitarias y se volvió muy paranoica dejando su dormitorio para ir a clase. Con la ayuda de sus padres y compañera de cuarto, María buscó ayuda de una clínica de salud mental en la comunidad y se le recetó un medicamento. Después de que sus síntomas hubieran disminuido, María quería regresar a la escuela. A pesar de que siempre había sido una buena estudiante, le preocupaba que todos en su escuela conocieran sus problemas de salud mental. Ella trabajó con su terapeuta para hacer un plan para volver a la escuela. Eventualmente, María pudo regresar a la universidad y su fuerza de amor por el aprendizaje y la perseverancia la ayudaron a alcanzar su meta de obtener su título.

- Ben siempre había sido una persona muy creativa. Le gustaba pintar y hacer música. Después de la aparición de sus síntomas, tuvo dificultades para volver a conectar con sus amigos y no tuvo muchas oportunidades para hacer nuevos amigos. Durante el tratamiento, habló de cómo su amor por la pintura y la música era un área que todavía le daba placer. Con el estímulo de su manejador de casos y su familia, Ben empezó a pintar de nuevo y usar su pintura como una salida para compartir sus experiencias sobre su enfermedad. Ben fue capaz de mostrar un par de sus pinturas en una muestra de arte local e incluso recibió algunos halagos acerca de su trabajo. Ben se animó por su éxito y comenzó a tocar la guitarra otra vez con su hermano y algunos amigos. El camino hacia la recuperación de Ben fue a través de su creatividad, y fue capaz de adoptar una perspectiva de resiliencia mediante el uso de sus fortalezas para ayudarlo a ir más allá de su enfermedad.

- Tener una perspectiva de resiliencia puede ayudarle en su recuperación a:
    - Descubrir o re-descubrir sus fortalezas
    - Adoptar un enfoque de resolución de problemas
    - Imaginar las posibilidades para su futuro y enfocarse en sus metas
    - Utilizar sus habilidades de afrontamiento más efectivamente
    - Ser más fuertes para superar tiempos de estrés en el futuro

Preguntas:

- Para que tengas resiliencia frente a tu enfermedad, ¿Cómo sería?
- ¿Cómo sería para su unidad familiar tener resiliencia?
- ¿Cómo le gustaría que sus vidas fueran diferentes?
- ¿Qué cosas le gustaría hacer o lograr en su vida?
- ¿Qué cosas le gustaría hacer o lograr como una familia?

Opciones para practicar en la casa

(Esto se puede revisar ahora o al final de la sesión)

1. Piense en una persona que ve como un modelo a seguir. ¿Qué cualidades o características te gustan de esa persona? Haz una lista de las cualidades que te gustaría ver en ti mismo. ¿Cómo encajarían esas cualidades en su visión de la recuperación, y lo que le gustaría lograr en su vida? Comente sus pensamientos sobre la recuperación con un miembro de la familia o un partidario.
2. Haga un collage (es decir, recorte imágenes de revistas) de las cosas que son significativas para usted en su vida. Estas podrían ser cosas que usted está haciendo actualmente o cosas que le gustaría estar haciendo en el futuro. Comparta su collage con un familiar o amigo. ¿Qué añadiría esa persona a su collage?
3. Escribe algo sobre lo que te gustaría que tu vida fuera como en 5 años. ¿Qué le gustaría hacer en términos de trabajo, escuela, o ambos? ¿Cómo le gustaría que las cosas sean diferentes en términos de sus relaciones, dónde vive y qué hace con su tiempo?
4. Piensa en una familia que conoces o en una que hayas visto en la televisión y que tenga cualidades que te gustan en una familia. ¿Cuáles podrían ser esas cualidades? ¿Cómo es diferente de su familia en este momento?

Resumen de Recuperación y Resiliencia

- *Las personas definen la recuperación a sus maneras.*
- *La recuperación es acerca de cómo quiere que su vida sea diferente y lo que es más importante para usted.*
- *Construir la resiliencia puede ayudarle a seguir hacia adelante en su recuperación y tomar el control de su vida.*
- *La resiliencia se establece de muchas maneras diferentes. Algunas estrategias incluyen:*
  - *Desarrollo de relaciones de apoyo*
  - *Buscar ayuda cuando necesite ayuda*
  - *Tomar decisiones firmes*
  - *Desarrollo de relaciones con recursos*
  - *Desarrollar estrategias para lidiar q sean adaptables*
  - *Tomar el control de su vida trabajando hacia una meta importante*
- *Las personas experimentan resiliencia a lo largo de sus vidas cuando se enfrentan a situaciones y experiencias estresantes. Compartir experiencias de resiliencia puede ayudarle a identificar cualidades que pueden ayudarle a avanzar en su vida.*
- *Adoptar una perspectiva de resiliencia le ayudará a identificar áreas de fortaleza personal y áreas que le gustaría cambiar en su vida.*
- *Las Unidades Familiares también pueden ser resistentes frente a tiempos estresantes (por ejemplo, pérdida de un ser querido, primer episodio de una enfermedad psiquiátrica, mudanza). Las familias pueden identificar las cualidades que les gustaría poseer como una familia con el fin de ser más resistentes.*

2: IDENTIFICAR FORTALEZAS Y ÁREAS PARA MEJORAR

Es útil entender su situación actual y cómo planificar mejor el tratamiento para ayudarle a lograr sus metas personales y familiares. Los folletos siguientes comienzan a identificar sus fortalezas personales y familiares, las áreas en su vida que le gustaría mejorar y cómo el tratamiento puede ayudarle a hacer los cambios que desea.

- En estas primeras sesiones de FPE, es útil conocer más acerca de usted y sus fortalezas, las fortalezas de su familia y las áreas en las que le gustaría trabajar en FPE.
- Hay 2 áreas que pueden ayudarle a comenzar su proceso de recuperación:
    - Identificar sus fortalezas personales y las de su familia y áreas para mejorar
    - Desarrollar un sistema de apoyo
- Primero, cuénteme qué le trajo a FPE.
    - ¿Con qué tipos de problemas personales ha estado lidiando recientemente?
    - ¿Con qué tipos de problemas familiares ha estado lidiando recientemente?
    - ¿Cómo ha estado manejando esos problemas?
    - ¿Qué crees que ha estado causando esos problemas?
    - ¿Cómo cree que la psicoeducación familiar podría ayudarle a seguir hacia adelante en su recuperación?

Identificar fortalezas

La mayoría de las personas que se están recuperando de un episodio psicótico dicen que es importante establecer metas, ya sean metas pequeñas o grandes. Sin embargo, los síntomas psiquiátricos pueden consumir tiempo y energía, por lo que es difícil participar en actividades o incluso hasta para averiguar lo que le gustaría hacer. Puede ser útil tomar algún tiempo para revisar lo que es importante para usted como individuo y como familia. También revise lo que quiere lograr como un individuo y como una familia. También revise como quiere que sea su vida personal y familiar.

- Sus fortalezas y talentos son algunos de los recursos más fuertes que usted tiene para ayudarle a seguir adelante en su recuperación personal, y para que su familia vuelva en sí.
- Aprender a usar sus fortalezas puede transformar la dirección de su recuperación.
- Usted es el director de su recuperación. Usted determina las áreas de su vida en las que desea concentrarse y la ayuda que desea recibir.

La siguiente tabla le ayudará a evaluar diferentes áreas de su vida, fortalezas que le gustaría desarrollar y áreas de mejora en las que desea enfocarse. Al completar la siguiente tabla y las preguntas restantes, resumiré las conclusiones para que las revise al final de este tema.

Prueba Breve de Fortalezas

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La primera vez que complete la Prueba Breve de Fortalezas, considere cada respuesta basada en usted como individuo actuaría en las situaciones diferentes. Después q cada uno haya completado la Prueba individualmente, discuta las fortalezas individuales de cada uno en grupo - ¡usted puede ser sorprendido en la manera positiva que otros lo ven y sus fortalezas! A continuación, revise la Prueba Breve de Fortalezas como grupo y califique cada pregunta sobre la base de cómo cree que su familia (como unidad) actúa en las situaciones diferentes. ¿Cuáles son las fortalezas que posee su unidad familiar? A medida que vaya completando la Prueba Breve de Fortalezas piense en cómo usted (o la familia) ha actuado en las situaciones explicadas a continuación durante el último mes (cuatro semanas). Por favor, responda sólo en términos de lo que usted (o la familia) realmente hizo.

Por favor, lea cuidadosamente cada declaración. Escriba un número entre 0 y 10 junto a cada declaración de acuerdo a la frecuencia con la que actuó de la manera explicada.

Nunca 0 --- 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 Siempre

☐ 1. Piense en situaciones reales en las que tuvo la oportunidad de hacer algo que era novedoso o innovador. ¿Con qué frecuencia usó la CREATIVIDAD o INGENUIDAD en estas situaciones?

☐ 2. Piense en situaciones reales en las que tuvo la oportunidad de explorar algo nuevo o hacer algo diferente. ¿Con qué frecuencia mostró CURIOSIDAD o INTERES en estas situaciones?

☐ 3. Piense en situaciones reales en las que tuvo que tomar una decisión compleja e importante. ¿Cuántas veces usó PENSAMIENTO CRÍTICO, IMPARCIALIDAD, o BUEN JUICIO en estas situaciones?

☐ 4. Piensa en situaciones reales en las que tuviste la oportunidad de aprender más sobre algún tema. ¿Con qué frecuencia demostró AMOR POR EL APRENDIZAJE en estas situaciones?

☐ 5. Piense en situaciones reales en las que tuvo la oportunidad de ofrecer consejo a otra persona que lo necesitaba. ¿Con qué frecuencia utilizó PERSPECTIVA o SABIDURÍA en estas situaciones?

☐ 6. Piense en las situaciones reales en las que experimentó el miedo, la amenaza, la vergüenza o el malestar. ¿Con qué frecuencia utilizó VALENTIA O AUDACIA en estas situaciones?

☐ 7. Piense en situaciones reales en las que se enfrentó a una tarea difícil y que consume mucho tiempo. ¿Con qué frecuencia utilizó PERSEVERANCIA, o PERSISTENCIA o en estas situaciones?

☐ 8. Piense en situaciones reales en las que fue posible mentir o engañar. ¿Con qué frecuencia demostraste HONESTIDAD o AUTENTICIDAD en estas situaciones?

☐ 9. Piense en su vida cotidiana. ¿Con qué frecuencia se siente y muestra ANIMO o ENTUSIASMO cuando fue posible hacerlo?

☐ 10. Piensa en tu vida cotidiana. ¿Con qué frecuencia expresó su AMOR o AERCAMIENTO a otros (amigos, familiares) y aceptó el AMOR de otros cuando fue posible hacerlo?

☐ 11. Piensa en tu vida cotidiana. ¿Con qué frecuencia les mostrabas BONDAD o GENEROSIDAD a otros cuando era posible hacerlo?

☐ 12. Piense en situaciones reales en las que necesita comprender lo que otras personas necesitan o quieren, y cómo responder a ellas. ¿Con qué frecuencia utilizó INTELIGENCIA SOCIAL o DESTREZAS SOCIALES en estas situaciones?

☐ 13. Piense en las situaciones reales en las cuales usted era un miembro de un grupo que necesitaba su ayuda y lealtad. ¿Cuántas veces mostró TRABAJO EN EQUIPO en estas situaciones?

☐ 14. Piensa en situaciones reales en las que tenías algún poder o influencia sobre dos o más personas. ¿Con qué frecuencia usaste EQUIDAD en estas situaciones?

☐ 15. Piense en las situaciones reales en las cuales usted era un miembro de un grupo que necesitaba dirección. ¿Con qué frecuencia utilizó LIDERAZGO en estas situaciones?

☐ 16. Piensa en situaciones reales en las que alguien te lastimó. ¿Con qué frecuencia demostraste PERDON O MISERICORDIA en estas situaciones?

☐ 17. Piensa en tu vida cotidiana. ¿Con qué frecuencia demostraste MODESTIA o HUMILDAD cuando fue posible hacerlo?

☐ 18. Piense en las situaciones reales en las que se sintió tentado a hacer algo que más tarde podría arrepentirse. ¿Con qué frecuencia usó PRUDENCIA, DISCRECIÓN o PRECAUCIÓN en estas situaciones?

☐ 19. Piensa en situaciones reales en las que experimentaste deseos, impulsos o emociones que deseabas controlar. ¿Con qué frecuencia usó AUTO-CONTROL en estas situaciones?

☐ 20. Piensa en tu vida cotidiana. ¿Con qué frecuencia se sintió o demostró VALORACIÓN DE BELLEZA Y EXCELENCIA o AWE cuando fue posible hacerlo?

☐ 21. Piensa en situaciones reales en las que alguien más te ayudó o te benefició. ¿Con qué frecuencia usted sintió y expresó GRATITUD?

☐ 22. Piense en situaciones reales en las que experimentó un fracaso o un contratiempo. ¿Con qué frecuencia mostró ESPERANZA y OPTIMISMO en estas situaciones?

☐ 23. Piensa en tu vida cotidiana. ¿Con qué frecuencia usaste JUEGO o HUMOR cuando fue posible hacerlo?

☐ 24. Piensa en tu vida cotidiana. ¿Cuántas veces experimentó RELIGIÓN, ESPIRITUALIDAD o SENTIDO DE SIGNIFICADO Y PROPÓSITO cuando fue posible hacerlo?

Resumen Breve de 24 tipos de Fortalezas

Instrucciones para identificar las 5 fortalezas mejores: Revise sus calificaciones y seleccione las 5 calificaciones más altas que mejor te representan. A continuación se ofrece una descripción más detallada de cada fortaleza para aclaraciones adicionales.

- **Amor al aprendizaje** - Te encanta aprender cosas nuevas, ya sea en una clase o por tu cuenta. Siempre has amado la escuela, la lectura y los museos; Usted siente que en cualquier lugar y en todas partes hay una oportunidad de aprender.
- **Voluntad y valor** - Usted es una persona valiente que no se retrae de la amenaza, desafío, dificultad o dolor. Usted habla a favor de lo que es correcto, incluso si hay oposición. Usted actúa sobre sus convicciones.
- **Honestidad, autenticidad y genuinidad** - Usted es una persona honesta, no sólo diciendo la verdad sino viviendo su vida de una manera genuina y auténtica. Estás en la tierra y sin pretensiones; Usted es una persona "real".
- **Capacidad para amar y ser amado** - Usted valora las relaciones cercanas con los demás, en particular aquellos en los que compartir y cuidar es reciproco. Las personas a las que se sienten más cercanos son las mismas personas que se sienten más cerca de usted.
- **Modestia y humildad** - Usted no busca el centro de atención, prefiriendo dejar que sus logros hablen por sí mismos. No te consideras especial, y otros reconocen y valoran tu modestia.
- **Gratitud** - Usted es consciente de las cosas buenas que le suceden, y nunca las toma por concedido. Sus amigos y familiares saben que usted es una persona agradecida porque siempre se toma el tiempo para expresar su agradecimiento.
- **Humor y juguetón** - Te gusta reír y bromear. Llevar sonrisas a otras personas es importante para usted. Intenta ver el lado positivo de todas las situaciones.
- **Juicio, pensamiento crítico e imparcial** - Pensar las cosas y examinarlas desde todos los lados son aspectos importantes de quién eres. Usted no salta a conclusiones, y sólo se basan en pruebas sólidas para tomar sus decisiones. Usted es capaz de cambiar de opinión.
- **Perspectiva (sabiduría)** - A pesar de que no puede pensar en ti mismo como sabio, tus amigos sostienen esa visión de ti. Ellos valoran tu perspectiva sobre diferentes asuntos y acuden a usted para pedir consejo. Tienes una manera de ver el mundo que tiene sentido para los demás y para ti mismo.
- **Industria, diligencia y perseverancia** - Usted trabaja duro para terminar lo que empieza. No importa el proyecto, usted lo termina a tiempo. No se distrae cuando trabaja, y sientes satisfacción al completar las tareas
- **Amabilidad y generosidad** - Eres amable y generoso con los demás, y nunca estás demasiado ocupado para hacer un favor. Disfrutas haciendo buenas obras para otros, incluso si no los conoces bien.

- **Liderazgo** - Usted sobresale en las tareas de liderazgo: animar a un grupo a hacer las cosas y preservar la armonía dentro del grupo haciendo que todos se sientan incluidos. Haces un buen trabajo organizando actividades y viendo que se llevan a cabo.
- **Perdón y misericordia** - Perdona a aquellos que te han hecho mal. Siempre le das a la gente una segunda oportunidad. Tu guía principal es la misericordia y no la venganza
- **Curiosidad e interés en el mundo** - Tienes curiosidad por todo. Usted siempre está haciendo preguntas, y usted encuentra muchos temas fascinantes. Te gusta la exploración y el descubrimiento.
- **Ciudadanía, trabajo en equipo y lealtad** - Usted sobresale como miembro de un grupo. Eres un compañero de equipo, leal y dedicado, siempre haces tú parte, y trabajas duro para el éxito de tu grupo.
- **Equidad, y justicia** - Tratar a todas las personas de manera justa es uno de tus principios. No dejes que tus sentimientos personales influyan en tus decisiones sobre otras personas. Usted da a todos una oportunidad.
- **Autocontrol y autorregulación** - Usted normaliza conscientemente lo que siente y lo que hace. Usted es una persona disciplinada. Usted está en control de sus emociones, no viceversa.
- **Espiritualidad, sentir propósito y fe** - Usted tiene creencias fuertes y coherentes sobre el propósito y significado más elevado del universo. Usted sabe dónde encajar en el esquema más amplio de la vida. Sus creencias dan forma a sus acciones y son una fuente de consuelo para usted.
- **Ánimo, entusiasmo y energía** - Independientemente de lo que hagas, lo haces con entusiasmo y energía. Nunca haces nada a mitad o sin entusiasmo. Para ti, la vida es una aventura.
- **Inteligencia social** - Usted es consciente de los motivos y sentimientos de otras personas. Usted sabe qué hacer para encajar en diferentes situaciones sociales y usted sabe qué hacer para poner a los demás a gusto.
- **Precaución, prudencia y discreción** - Usted es una persona cuidadosa, y sus opciones son siempre prudentes. No dices ni haces cosas que más tarde te arrepentirás.
- **Apreciación de la belleza y la excelencia** - Usted observa y aprecia la belleza, excelencia y / o desempeño experto en todos los ámbitos de la vida, desde la naturaleza hasta el arte, la matemática, la ciencia y las experiencias cotidianas.
- **Esperanza, optimismo y mentalidad futura** - Usted espera lo mejor en el futuro, y trabaja para lograrlo. Usted cree que el futuro es algo que usted puede controlar.
- **Creatividad, ingenuidad y originalidad** - Pensar en nuevas maneras de hacer las cosas es una parte crucial de lo que eres. Nunca estás contento con hacer algo de la manera convencional si una manera mejor es posible.

¿Preguntas?

- ¿Está usted de acuerdo con los resultados de la prueba breve de fortalezas?
- ¿Sientes que esas fortalezas te caracterizan?

Para cada fortaleza, pregúntese si se aplican los siguientes criterios:

- Un sentido de propiedad y autenticidad
- Una sensación de emoción al usar esa fortalezas
- Encontrar continuamente formas nuevas de proclamar la fortaleza
- La creación y búsqueda de proyectos personales que giren en torno a la fortaleza
- Alegría, ánimo, entusiasmo mientras usa su fortaleza
- Si cada fortaleza concuerda con uno o más de los criterios anteriores, añádalo a la lista de abajo de los 5 tipos de fortalezas principales
- Si una fortaleza no concuerda con uno o más de los criterios anteriores, es posible que desee centrarse en otra fortaleza que concuerde mejor.

A continuación enumere tus 5 tipos de fortalezas principales:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

Échale un vistazo:

- ✓ Considere cómo utiliza actualmente sus fortalezas. Elija uno de sus 5 fortalezas y haga una lista de ideas sobre cómo utilizar esas fortalezas en su vida diaria. Practique Como utilar esas fortalezas en la sesión. Por ejemplo, si sus fortalezas es **la apreciación de la belleza y la excelencia**, considere formas de cómo puede incorporar esas fortalezas en su sesión, tal como salir a caminar afuera durante su sesión o compartir un poema que represente su punto de vista de la recuperación.

Los siguientes pasos pueden ayudarle a:

1) Revise sus 5 fortalezas y seleccione 1 que desea practicar.
2) Haga una lista de diferentes ideas de cómo usar sus fortalezas en la sesión o en el tratamiento.
3) Desarrolle un plan para usar sus fortalezas en su sesión de Psicoeducación Familiar FIRST.

¿Qué es importante para usted? ¿Cómo pueden ayudarle sus fortalezas?

Puede ser útil tomar algún tiempo para revisar lo que es importante para usted como individuo, lo que quiere lograr y lo que quiere para su vida. Complete la siguiente tabla para ayudarle a evaluar su satisfacción actual con diferentes áreas de su vida.

<u>Satisfacción con Areas de Mi Vida</u>

Para cada área, identifique tu nivel actual de satisfacción.

Area de mi vida	No estoy satisfecho	Estoy mederadamente satisfecho	Estoy muy satisfecho	Me gustaria cambiar
Amistades				
Trabajo significativo (con o sin pago)				
Actividades agradables				
Relaciones familiares				
Situación de vivienda				
Espiritualidad				
Finanzas				
Pertenecer a una comunidad				
Relaciones íntimas				
Expresión de la creatividad				
Pasatiempos o actividades para la diversión				
Educación				
Salud				
Otro:				

Ponga en orden, las tres prioridades principales en su vida.

1. ______________________________

2. ______________________________

3. ______________________________

De las áreas que identificó, ¿en qué áreas está más satisfecho?

¿Qué recursos tiene usted en esas áreas?

De las áreas que identificó, ¿hay algún asunto urgente que considera que se deba resolver de inmediato?

¿Qué áreas de tu vida te gustaría cambiar?

1. ______________________________

2. ______________________________

3. ______________________________

¿Por qué seleccionó esas áreas?

¿Hay áreas con las que no estás satisfecho que no quieres cambiar? En caso afirmativo, ¿cuáles son las razones para no querer cambiar esas áreas?

Revise sus 5 fortalezas. ¿Qué fortalezas le ayudarían a hacer algunos de los cambios que identificó?

Explora áreas para mejorar

-Tomar medicamentos regularmente puede reducir la gravedad de los síntomas y ayudar a prevenir la recaída. Tener miembros de la familia o una persona de apoyo presente e involucrado en la discusión sobre la medicación a menudo puede ayudar a un individuo a tomar decisiones con respecto a la medicación y para ayudar a tomar la medicación según lo prescrito. Sin embargo, es importante que usted (la persona en FIRST) tome la decisión de incluir a su familia / personas de apoyo en las discusiones de medicamentos cuando esté listo.
-También es importante decirle los síntomas que podría estar experimentando actualmente. A menudo es útil tener confianza en otros involucrados en estas discusiones porque a veces notan algo que no has observado todavía.
-La siguiente sección le ayudará a explorar áreas en su vida que son difíciles o que le causan cierta angustia. Estas preguntas son para ayudarnos a entender mejor cualquier problema que pueda tener actualmente. Sus respuestas a estas preguntas le ayudarán a usted, a su familia y al clínico de su familia a comprender qué áreas de su vida le gustaría cambiar y qué áreas (por ejemplo, síntomas) le gustaría tener más ayuda para seguir hacia a delante.

1. ¿Ha tenido algún problema recientemente con sus medicamentos?

2. ¿Cómo tomar medicamentos ha sido útil para usted?

3. ¿Cuántas dosis de sus medicamentos se le ha olvidado tomar en la última semana?

4. ¿Alguna vez ha olvidado tomar su medicamento? De ser así, ¿con qué frecuencia?

5. Describa su estado de ánimo actual. ¿Cómo te sientes?

6. ¿Te has sentido angustiado en el último mes? De ser así, ¿qué le ha hecho sentirse angustiado?

7. ¿Cuáles son los síntomas / experiencias que ha encontrado que son más angustiantes recientemente? (Por ejemplo, sentimientos de depresión o ansiedad, consumo de sustancias, falta de motivación, dificultad para conectarse con amigos y / o familiares, o irritabilidad).

8. ¿Tiene alguna creencia que le aflige? De ser así, ¿cuáles son esas creencias y cuán angustiosas son?

9. ¿En esta última semana, ha escuchado voces o ruidos que otras personas no pueden oír? De ser así, ¿con qué frecuencia los ha escuchado y cuán angustiosos han sido?

Desarrollo de una red de apoyo

La gente usa una variedad de estrategias diferentes para ayudar a lidiar con estresores, especialmente cuando - o alguien a quien aman - se le diagnostica una enfermedad mental. Una estrategia que la gente ha encontrado para ser provechosa es desarrollar una red de personas que puede apoyarle. Para la persona en FIRST, compartir su progreso en el tratamiento con otra persona puede resultar en apoyo, y dejar que otros aprendan a ser más útil para usted. Estas personas podrían ser miembros de la familia, o amigos que podrán ayudarle a practicar estrategias que aprenda en el tratamiento y brindarle apoyo cuando necesite a alguien con quien hablar.

- Los partidarios pueden ayudarle en el tratamiento:
  - Practicar una habilidad con usted fuera de la sesión
  - Revisar el material que aprendió en la sesión
  - Ayudarle a dar un paso hacia un objetivo

Como miembros de la familia o personas de apoyo, el desarrollo y mantenimiento de una red de apoyo puede ser una estrategia clase para poder seguir lidiando. El autocuidado de estos seres queridos es tan importante como cuidarlos o acerca de un individuo diagnosticado con una enfermedad mental.

- Este programa de Psicoeducación Familiar de FIRST fue diseñado para ayudar a la persona en FIRST y a sus familiares / personas de apoyo. La investigación ha demostrado que los resultados de los clientes mejoran si las familias reciben información, educación y apoyo.
  - La construcción de una red de apoyo ayuda a los miembros de la familia a sentirse menos aislados
  - Tener apoyo social y emocional mejora las experiencias de los miembros de la familia

Preguntas:

Practique hablar con sus partidarios durante su sesión de FPE. El clínico familiar le ayudará a usted y a sus colaboradores a trabajar en la mejor manera para comunicar sus necesidades.

Resumen Puntos para identificar fortalezas y áreas de mejora

- Puede ser útil revisar fortalezas y áreas de mejora para decidir cómo proceder mejor en el tratamiento y establecer metas personales.
- Revise sus 5 fortalezas principales de la Prueba Breve de Fortalezas. Explique por qué piensa que podrían ser útiles en su recuperación y en el tratamiento.
- Al examinar áreas de mejora, incluyendo ambas áreas en su vida y relacionadas con su enfermedad, puede comenzar a formular la mejor manera de lograr sus metas personales.

3: Fijar metas

Establecer un objetivo y luego dividirlo en pasos más pequeños le dan un plan de cómo llegar desde donde estás a dónde quieres ir. La identificación de objetivos más pequeños relacionados con el objetivo a largo plazo y, a continuación, los pasos hacia cada meta, es especialmente útil cuando se trata de lograr objetivos grandes a largo plazo. Esto hace que el objetivo parezca alcanzable porque cada paso hacia él es relativamente fácil y manejable. Nota: Trabaje en el proceso completando primero las metas individuales. Luego complete el proceso de nuevo para establecer un objetivo familiar.

- Las personas que son más efectivas en conseguir lo que quieren, suelen establecer metas claras para sí mismas y planifican paso a paso lo que van a hacer.

Identificar un objetivo

Paso 1: Identificar una meta personal.
Paso 2: Identificar una meta para la familia.

- **Identificar una meta personal / familiar.** El establecimiento de metas comienza con la elección de un objetivo de recuperación a largo plazo. Este puede ser un área en su vida que le gustaría hacer algunos cambios, un área que actualmente no está satisfecho, o un área que le gustaría lograr más. Las estrategias útiles para establecer objetivos incluyen:
  - Revisar sus fortalezas y satisfacción con las áreas de su vida.
  - Revisar las definiciones de recuperación y adoptar una perspectiva de resistencia.
  - Definir los detalles de lo que desea lograr en su objetivo.
  - La elección de un objetivo productivo, como lograr algo en lugar de un objetivo eliminativo en el que está tratando de eliminar algo o hacer desaparecer.

Seleccione la (s) meta (s) a corto plazo

Paso 1: Seleccione un objetivo personal a corto plazo.
Paso 2: Seleccione un objetivo a corto plazo para la familia.

- **Seleccione objetivos a corto plazo que podrían ayudarlo a alcanzar sus metas personales y familiares.** Una vez que haya seleccionado una meta a largo plazo es útil pensar en los primeros pasos que puede tomar para lograr su objetivo. Piense en una meta a corto plazo que podría alcanzar en los próximos dos meses que le ayudaría a acercarse a su meta a largo plazo. Las estrategias útiles incluyen:
  - Elegir un área específica de su objetivo a largo plazo para trabajar en primer lugar.
  - Revisar sus recursos como fortalezas, soporte y servicios que podrían ayudarle a lograr su objetivo y cómo puede acceder a esos recursos.
  - Definición de objetivos específicos a corto plazo que podrían lograrse en 1-2 meses.

Dividir objetivos a corto plazo en pasos más pequeños

Paso 1: Dividir los objetivos personales a corto plazo en pasos más pequeños.
Paso 2: Dividir los objetivos a corto plazo para la familia en pasos más pequeños.

- **Divida cada meta a corto plazo en pequeños pasos.** Para cada meta a corto plazo, identifique los pasos necesarios para lograr la meta. Cada paso debe construirse sobre cada otro paso. Los pasos deben ser tareas o actividades razonables que se pueden realizar en una semana o menos. Las estrategias incluyen:
  - No más de una tarea para cada paso.
  - Describa cada paso tan específicamente como sea posible.
  - No te quedes atascado. Si el paso consiste en esperar una respuesta de otra persona, piense en lo que puede hacer mientras tanto.
  - Para cada paso, considere qué recursos necesita, si los tiene y cómo puede obtener los recursos que necesita.

Seguimiento de los objetivos

Paso 1: Seguimiento de metas personales.
Paso 2: Seguimiento de metas para la familia.

- **Seguimiento de los objetivos.** Es importante monitorear su progreso hacia sus metas de manera regular, actualizar su Hoja de Planificación de Objetivos (al final de este módulo) y hacer las modificaciones necesarias. El seguimiento de los objetivos en las sesiones le permitirá resolver los obstáculos que se interponen en el camino de lograr su objetivo y mantener su motivación para seguir trabajando en sus objetivos. También puede cambiar o modificar sus pasos o metas a medida que cambian las situaciones en su vida o si faltan pasos que no había considerado. Las estrategias útiles incluyen:
  - Revisar el progreso hacia los objetivos al inicio de cada sesión.
  - Discuta sus metas con un miembro de la familia o un partidario y pida ayuda cuando sea necesario.
  - Discutir los problemas con los pasos cuando se encuentran.
  - Cree en su propia capacidad para alcanzar sus metas.

Preguntas:

¿Qué harías que no estás haciendo ahora?
Tómese su tiempo para revisar sus respuestas de los folletos de Evaluación de fortalezas y Satisfacción con Áreas de Mi Mida. También puede ser útil pensar en las siguientes preguntas:

- ¿Con qué áreas de la vida me siento más satisfecho?
- ¿Con qué áreas de la vida me siento menos satisfecho?
- ¿Qué me gustaría cambiar?

Calcule su satisfacción con su vida de 1 (nada satisfecho) a 10 (el más satisfecho). Compare la calificación de su vida con lo que consideraría su vida "ideal".
Si es diferente, describa por qué esos dos números son diferentes.

Tal vez le resulte útil establecer metas para usted en una o dos áreas de su vida que no le satisfagan. Por ejemplo, si no está satisfecho con tener suficientes actividades agradables, podría ser una buena idea establecer una meta de identificar algunas actividades Y programar el tiempo para tratarlos. También puede ser útil para mirar las áreas en su vida en la que le gustaría estar haciendo más o lograr más. Por ejemplo, si desea pasar tiempo en la computadora, puede que desee tomar una clase de computadora para aprender más acerca de la programación de computadoras.

¿Qué dos áreas de tu vida te gustaría mejorar o te gustaría hacer más?

1.____

2.____

¿Qué metas te gustaría establecer para ti en estas áreas?

1.____

2.____

Opciones para practicar en la casa

(Esto se puede revisar ahora o al final de la sesión)

1. Revise el folleto Identificando una Meta con un miembro de la familia o un partidario. Discuta las dos áreas que le gustaría trabajar como metas y lo que significaría dar un paso hacia uno de esos objetivos.
2. Pida al miembro de la familia o al partidario que comparta con usted lo que fue como cuando establecieron una meta para sí mismos que pudieron lograr en su vida.

Priorizar sus objetivos a largo plazo

Paso 1: Priorice sus metas personales a largo plazo.
Paso 2: Priorice sus metas a largo plazo para la familia.

Es hora de que usted priorice su meta a largo plazo. Algunas personas encuentran útil pensar en cuáles de las áreas que seleccionaron es más importante o presionar en este momento. También puede ser útil pensar en cuáles son las áreas en las que usted se siente más cómodo trabajando primero.

- Elija una de las dos áreas que seleccionó anteriormente para trabajar en una meta y escríbala en la Hoja de planificación de objetivos (al final de este módulo) en la meta a largo plazo.
- Defina la meta que desea alcanzar. Sea lo más específico posible.

Dividir su meta a largo plazo

Paso 1: Dividir su meta personal a largo plazo.
Paso 2: Divida su meta a largo plazo para la familia.

Tomar objetivos a largo plazo y dividirlos en pasos más pequeños y específicos puede darle algo para concentrarse sin preocuparse de cuán lejos puede estar su objetivo. Cada pequeño paso te acerca a tu objetivo, y antes de que lo sepas lo has alcanzado. Por ejemplo, si alguien quiere correr un maratón en un año, el primer paso podría ser comprar zapatos para correr. El paso siguiente podría ser identificar una pista de correr, y así sucesivamente.
Además, la descomposición de su objetivo a largo plazo le da la oportunidad de celebrar sus éxitos cuando se alcanzan los objetivos más pequeños que trabajan hacia su meta a largo plazo.

- Seleccione objetivos a corto plazo que le ayudarán a alcanzar su meta a largo plazo.
- Haga una lista de lo que usted piensa que necesitará hacer para lograr su meta a largo plazo. Asegúrese de pensar o incluir lo siguiente:
  - Posibles maneras de alcanzar su meta.
  - ¿Qué le ayudará a avanzar hacia su meta?
  - ¿En qué podría trabajar en los próximos 1-2 meses para ayudarle a alcanzar su meta a largo plazo?
  - Apoyos o recursos que serían útiles para lograr su meta a largo plazo.
  - Puntos fuertes que le ayudarán a alcanzar su meta a largo plazo.

– ¿Cómo podría esta meta a corto plazo ayudarme a alcanzar mi meta a largo plazo?

Posibles metas personales a corto plazo	Posibles metas familiares a corto plazo
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

- Elija por lo menos 1 objetivo a corto plazo de su lista y escríbalo en la hoja de planificación de objetivos (ejemplo y copia en blanco al final de este módulo).

  Así como un mapa incluye instrucciones escritas sobre cómo llegar de un lugar a otro, es útil anotar los pasos específicos que serán necesarios para alcanzar sus metas a corto plazo. Cuanto más detallados puedan ser estos pasos, más fácil será progresar hacia su meta. No te preocupes si dejas de lado un paso porque siempre puedes retroceder y modificar tus pasos durante el seguimiento de la meta a medida que la situación cambia.

- Planifique los pasos para llevar a cabo su decisión. Pensar en:
  - ¿Quiénes participarán?
  - ¿Quiénes participarán?
  - ¿Qué paso hará cada persona?
  - ¿Cuál es el plazo?
  - ¿Qué recursos se necesitan?
  - ¿Qué problemas podrían surgir y cómo podrían superarse?

- Escriba los pasos para cada objetivo a corto plazo en su hoja de planificación de metas.

- Un ejemplo de Hoja de Planificación de Objetivos se encuentra al final de este módulo.

Opciones para practicar en la casa

(Esto se puede revisar ahora o al final de la sesión)

1. Identifique a un miembro de la familia o un partidario que podría ayudarle a trabajar hacia su meta a largo plazo. Esta persona también podría ser el apoyo que identificó anteriormente para ayudarle en el tratamiento. Revise su hoja de planificación de objetivos con esa persona. Dígale a esa persona sobre el paso que usted está trabajando actualmente y cómo él o ella podría ser provechoso. Planifica tu Enfoque con su médico de familia usando la sección " Échale un vistazo" que aparece a continuación.

Échale un vistazo:

Revise su Hoja de Planificación de Objetivos con otro miembro de la familia o partidario y pregunte si él / ella estaría dispuesto a ayudarlo a lograr su meta. Asegúrese de incluir los siguientes pasos:

- ✓ Identificar a un partidario.
- ✓ Comparta su hoja de planificación de metas con su patrocinador.
- ✓ Pida su apoyo.
  - Compartir información sobre los pasos en los que está trabajando.
  - Dé ejemplos de maneras en que él o ella podría ser útil.
- ✓ Agradezca a su partidario por su ayuda.
  - *"Gracias por apoyarme en mi recuperación."*
- ✓ Practique hablar con su apoyo con su médico de familia para aumentar su confianza. ¿Cómo crees que irá?

Seguimiento de los Objetivos

Cada vez que se reúna con su médico de familia, tendrá la oportunidad de hacer un seguimiento de sus metas.

- Dar un paso hacia su objetivo implicará tareas o actividades que completará fuera de la sesión para ayudarle a avanzar hacia su meta a largo plazo. Trabajará en colaboración con su PRIMER miembro del equipo que le ayudará a hacer un plan para completar estos pasos.

- El seguimiento de las metas es un tiempo para que usted comparta sus éxitos al discutir los pasos que ha completado y las dificultades que ha experimentado desde la última sesión que se interponían en la manera de trabajar en su objetivo.

- Es especialmente útil saber:
  - ¿Cumplió el paso con su propósito?
  - ¿Qué le ayudó a dar un paso hacia su objetivo?
  - ¿Qué fortalezas utilizó al dar un paso hacia su objetivo?
  - ¿Qué hizo el paso desafiante?
  - ¿Cómo te recompensaste por dar el paso?

- Si tuvo dificultades para alcanzar su objetivo:
  - ¿Qué podría haber hecho más fácil para que usted dé un paso hacia su meta?
  - ¿Qué recursos podrían haberle ayudado a dar un paso hacia su objetivo?

- Tendrá la oportunidad de trabajar con su médico de familia para modificar los pasos necesarios para atender sus inquietudes y para añadir objetivos nuevos una vez que haya completado los originales.

Puntos de resumen para establecer una meta

- Hacer un plan paso a paso puede ayudarlo a alcanzar sus metas.
- Un plan de fijación de metas que divide una meta a largo plazo en metas más pequeñas (que pueden separarse en pasos alcanzables) puede ayudarlo a lograr su meta.
- Identificar las áreas que le gustaría mejorar en su vida puede ser una estrategia útil para establecer una meta personal.
- Identificar metas a corto plazo estrechamente relacionadas con su meta a largo plazo puede ayudarle a tomar los primeros pasos hacia el logro de su meta.
- Su médico de familia puede proporcionar retroalimentación y ayudarle a trabajar hacia su meta cuando se registra regularmente acerca de su progreso.

Nombre: ____Stephen____________ Fecha de fijación del objetivo a largo plazo:__________

MUESTRA

Hoja de planificación de metas personales (revisión semanal)

Objetivo (Significativo) Personal: Matricularse en clases de medio tiempo en el colegio comunitario

---

* Inicie una nueva Hoja de Seguimiento de Meta si se modifica el Objetivo de Largo Plazo o se establece un objetivo nuevo

Objetivos a corto plazo (colocar a √ después de que se alcancen los pasos):

1. Lea un libro para divertirse

Pasos:

1. Hacer una lista de libros para leer
2. Escoja un libro de la bibilioteca
3. Lea 20 minutos en las tardes
4. Dialogar sobre el libro con mamá

Fecha de inicio: ____________

Fecha de revisión:___________

Logrado:

Completamente
Parcialmente
En lo absolute

Modificado / Siguientes pasos:

1.
2.
3.

2. Identifique las habilidades de Lidiar con la ansiedad

Pasos:

1. Identificar situaciones sociales que causan ansiedad
2. Mida el nivel de ansiedad en situaciones
3. Practique respiraciones de relajamiento
4. Elegir una situación de bajo nivel de ansiedad

Fecha de inicio: ______________

Fecha de revisión: ____________

Logrado:

Completamente
Parcialmente
En lo absoluto

Modificado / Siguientes pasos:

1.
2.
3.

3. Conozca al consejero universitario sobre la inscripción en clases

Pasos:

1. Identifique al consejero que debe llamar
2. Haz una lista sobre qué le diras al consejero
3. Practique hablando con su madre o el clínico familiar usando preguntas de #2
4. Llamar y escoger 1 estrategia para practicar con el consejero

Fecha de inicio:_________

Fecha de revisión:________

Logrado:

Completamente
Parcialmente
En lo absolute

Modificado / Siguientes pasos:

1.
2.
3.

Nombre: ______________________________ Fecha de fijación del objetivo a largo plazo:__________

MUESTRA

Hoja de planificación de metas personales (revisión semanal)

Objetivo (Significativo) Personal: Matricularse en clases de medio tiempo en el colegio comunitario

* Inicie una nueva Hoja de Seguimiento de Meta si se modifica el Objetivo de Largo Plazo o se establece un objetivo nuevo

Objetivos a corto plazo (colocar a √ después de que se alcancen los pasos):

1. ________________________________

Pasos:
1.
2.
3.
4.

Fecha de inicio: _____________

Fecha de revisión:____________

Logrado:

Completamente
Parcialmente
En lo absolute

Modificado / Siguientes pasos:
1.
2.
3.

2. ________________________________

Pasos:
1.
2.
3.
4.

Fecha de inicio: _______________

Fecha de revisión: _____________

Logrado:

Completamente
Parcialmente
En lo absoluto

Modificado / Siguientes pasos:
1.
2.
3.

3. ____________________________________

Pasos:
1.
2.
3.
4.

Fecha de inicio:__________

Fecha de revisión:________

Logrado:

Completamente
Parcialmente
En lo absolute

Modificado / Siguientes pasos:
1.
2.
3.

SÓLO LOS HECHOS - ¿QUE ES PSICOSIS?

¿QUE ES PSICOSIS?

La palabra psicosis se utiliza para describir condiciones que afectan a la mente y donde parece haber cierta pérdida de contacto con la realidad. Cuando alguien tiene estas experiencias se llama un "episodio psicótico." La psicosis es más probable que ocurra en jóvenes adultos y es bastante común. Alrededor de 3 de cada 100 personas experimentarán un episodio psicótico que hace que la psicosis sea más común que la diabetes. La psicosis puede sucederle a cualquiera. Como otras enfermedades puede ser tratada.

3 de cada 100 jóvenes experimentarán un episodio psicótico.

Pregunta:

¿Qué usted y su miembro de la familia en FIRST sabían sobre la psicosis antes de sus experiencias recientes?

¿Cuáles son los síntomas de la psicosis?

La psicosis puede llevar a cambios en la percepción y el pensamiento y las ideas inusuales, lo que hace difícil entender cómo se siente la persona con psicosis. Para tratar de comprender la experiencia de la psicosis es útil agrupar algunos de los síntomas más particulares.

Síntomas de la psicosis

Síntoma	Descripción	Ejemplo
Alucinaciones	Escuchar, ver, sentir u oler algo que otros no experimentan	Escuchando voces, que nadie más puede oír, o ver cosas que otros no ven.
Delirios (tener creencias falsas o pensamientos preocupantes)	Tener una firme convicción de que se mantiene firmemente a pesar de pruebas contrarias	Sentirse convencido que una persona está siendo vigilada por la policía por la forma en que los vehículos están estacionados fuera de su casa que una persona está siendo vigilada por la policía.
Pensamiento confuso y otras dificultades cognitivas	Dificultad para pensar con claridad y expresarse claramente Problemas de concentración, memoria y razonamiento.	Las oraciones no son claras o no tienen sentido. Los pensamientos parecen acelerar o retrasar, fácilmente se distrae.

Estos síntomas pueden ocurrir por muchas razones diferentes, incluyendo:

- Alucinaciones pueden ocurrir cuando las personas son privadas de sueño, después de la muerte de un amigo cercano o miembro de la familia, o el resultado de la utilización de ciertos medicamentos como el LSD.

- Las falsas creencias pueden ocurrir cuando las personas usan drogas o están asustadas y solas en un ambiente inseguro.

- Las dificultades cognitivas pueden ocurrir cuando las personas tienen problemas para dormir, se ponen demasiado ansiosas o están bajo estrés.

Las personas que experimentan síntomas de psicosis a veces reportan experiencias o síntomas adicionales. Estos síntomas incluyen dificultades relacionadas con otras personas, problemas en la escuela o el trabajo, y una falta de motivación o energía para hacer las cosas. Estas experiencias pueden persistir después de que los síntomas de la psicosis mencionados anteriormente hayan mejorado. La tabla a continuación proporciona información sobre algunos de los síntomas que otras personas con psicosis han reportado.

Síntomas a veces asociados con la psicosis

Síntoma	Descripción	Ejemplo
Declinación en el funcionamiento social	Menos tiempo socializando, problemas en la escuela o en el trabajo	Dificultad para hacer amigos o pasar tiempo con amigos o familiares; Pasando mucho tiempo solo en la habitación de uno.
Comportamiento desorganizado	Movimientos impredecibles o permanecer inmóvil durante períodos prolongados.	De pie mirando el sol durante horas.
Síntomas Negativos	Falta de energía, motivación, placer o expresividad emocional.	Las cosas que solía disfrutar no traen el mismo placer; Dificultad para "ponerse en marcha" o para seguir adelante con las cosas; La gente dice que no puede leer su expresión facial.
Depresión	Sensación extremadamente triste; Puede afectar el apetito, el sueño o el nivel de energía.	Pérdida de interés en las actividades que solía disfrutar o sentirse triste; Dormir demasiado; Sentirse cansado y tener poca energía; No comer lo suficiente o comer demasiado.
Pensamientos suicidas	Pensamientos que quieres hacerte daño a ti mismo.	Sentir que usted quiere hacerse daño porque piensa que no tiene esperanza para su situación o ninguna salida; A veces las voces dicen a la gente que deben lastimar.
Ansiedad	Estar nervioso; Sentirse asustado, preocupado o con miedo.	Evitar una situación o experiencia por miedo; Constante preocupación o preocupación; dificultad para concentrarse; Síntomas físicos como palpitaciones cardíacas, transpiración, temblores o dificultad para respirar.

Preguntas:

- ¿Ha experimentado alguno de estos síntomas el miembro de su familia en FIRST? ¿De ser así, cuáles?
- ¿Qué piensa usted y su familiar en FIRST que causa la psicosis?

Cómo se hace un diagnóstico

Un diagnóstico basado en una entrevista clínica conducida por un profesional especialmente entrenado, generalmente un médico, pero a veces una enfermera, un psicólogo, un trabajador social u otro profesional de la salud mental. En la entrevista, hay preguntas sobre los síntomas experimentados, cuánto tiempo han estado presentes los síntomas, el posible papel del consumo de drogas y alcohol y cómo la persona está funcionando en diferentes áreas de su vida, como las relaciones y el trabajo

En la actualidad no hay análisis de sangre, rayos X o escáner cerebral que pueda utilizarse para hacer un diagnóstico. Para hacer un diagnóstico preciso, sin embargo, el médico también puede solicitar un examen físico y ciertas pruebas de laboratorio o análisis de sangre con el fin de descartar otras causas de los síntomas, como un tumor cerebral o una lesión cerebral.

Un diagnóstico de trastorno esquizofreniforme, esquizofrenia o trastorno esquizoafectivo se asocia más a menudo con los síntomas de la psicosis. La siguiente tabla describe los criterios para cada diagnóstico. A menudo, el diagnóstico que se hace depende de cuánto tiempo se han experimentado los síntomas.

Criteria For Each Diagnosis

Criterios para cada diagnóstico

Diagnóstico	Síntomas	Duración de los síntomas
Trastorno Esquizofreniforme	Síntomas psicóticos: delirios, alucinaciones, síntomas negativos, deterioro cognitivo	Los síntomas duran al menos 1 mes que causan gran deterioro y luego desaparecen completamente antes de los 6 meses
Schizophrenia Esquizofrenia	Síntomas psicóticos: delirios, alucinaciones, síntomas negativos, deterioro cognitivo	Los síntomas duran por lo menos 1 mes y causan gran deterioro y en general los problemas deben persistir durante al menos 6 meses
Trastorno esquizoafectivo	Síntomas psicóticos: delirios, alucinaciones, síntomas negativos y deterioro cognitivo. Episodios de humor: síntomas significativos de depresión o manía que duran una porción sustancial (pero no toda) del tiempo	Síntomas del estado de ánimo que duran al menos varias semanas mientras que tienen algunos de los síntomas de la esquizofrenia en momentos en que los síntomas del estado de ánimo no están presentes; Dura al menos 6 meses.

- Puede ser difícil distinguir la esquizofrenia del trastorno esquizoafectivo, pero afortunadamente los trastornos responden a los mismos tratamientos y tienen un curso algo similar.

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algún conocimiento o habilidad en práctica en el hogar, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

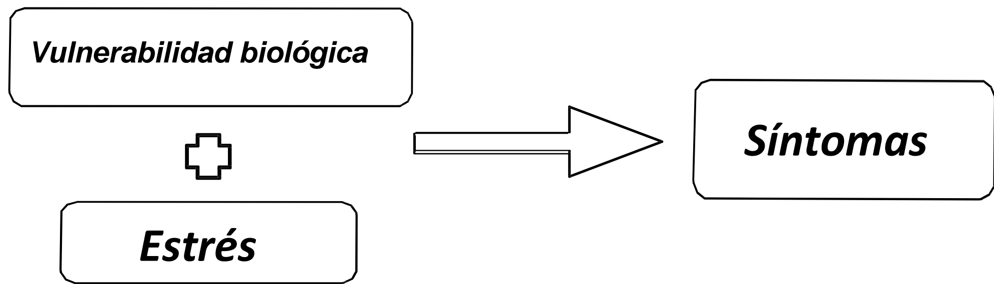
1. Discuta el folleto Solo los Hechos-Psicosis con un miembro de la familia u otro Persona de apoyo en su vida. ¿Qué aprendiste que no sabías? ¿Cómo puede ser útil esta información para usted y su familia en su situación actual? ¿Qué desea que los miembros de su familia entiendan acerca de la psicosis?
2. Repase los síntomas en el folleto Solo los Hechos-Psicosis. Identificar y anotar Síntomas que el miembro de la familia en FIRST ha experimentado.

¿Qué causa la psicosis?

Se han sugerido varias teorías sobre las causas de la psicosis, pero aún queda mucho por hacer. Hay alguna indicación de que la psicosis es causada por una combinación de factores biológicos, que crean una vulnerabilidad a experimentan síntomas psicóticos durante la adolescencia o la vida temprana adulta. Estos síntomas suelen surgir en respuesta al estrés, el abuso de drogas o los cambios sociales en esas personas vulnerables. Algunos factores pueden ser más o menos importantes en una persona que en otra. La combinación de la vulnerabilidad biológica y el estrés, que puede conducir a la psicosis, se llama el "modelo de estrés-vulnerabilidad".

La psicosis no es culpa de nadie - la gente no la causa.

Modelo de vulnerabilidad de estrés



Según el modelo de vulnerabilidad al estrés, las enfermedades psiquiátricas tienen una base biológica. Esta base o vulnerabilidad biológica puede agravarse por el estrés y el consumo de sustancias, pero puede mejorarse con la medicación y llevar un estilo de vida saludable. El modelo de vulnerabilidad al estrés puede ayudarle a entender qué influye en el trastorno y cómo se pueden minimizar los efectos del trastorno.

- Tanto el estrés como la vulnerabilidad biológica contribuyen a los síntomas

¿Qué es la vulnerabilidad biológica?

El término "vulnerabilidad biológica" se refiere a las personas que nacen con o que adquieren muy temprano en la vida, una tendencia a desarrollar un problema en un área médica específica.

- Los científicos creen que los síntomas son causados por un desequilibrio químico en el cerebro.
- Algunas personas tienen una vulnerabilidad biológica para desarrollar psicosis.
- Al igual que con otros trastornos, como diabetes, hipertensión y enfermedades del corazón, los factores genéticos juegan un papel en la vulnerabilidad a la psicosis. Las probabilidades de que una persona desarrolle psicosis son mayores si un miembro cercano de la familia también tiene un trastorno psiquiátrico.
- El consumo de alcohol y drogas puede desencadenar síntomas o empeorarlos.

Preguntas

- ¿Tiene conocimiento de algún factor biológico en su familia para cualquier problema médico? ¿Qué pasa con los problemas psiquiátricos?
- ¿Alguien en su familia ha tenido problemas con las drogas o el alcohol? ¿La persona en FIRST tuvo alguna experiencia con drogas o alcohol relacionado con sus síntomas?

¿Qué son los factores de estrés?

- El estrés puede desencadenar el inicio de los síntomas o empeorarlos.
- Las relaciones familiares a veces pueden ser estresantes.
- Cómo la gente experimenta el estrés es muy individual. De hecho, lo que es estresante para una persona puede no ser estresante en absoluto a otra persona. Por ejemplo, algunas personas aman las montañas rusas y otras las evitan a cualquier costo.
- No hay tal cosa como una vida libre de estrés, por lo que no se puede evitar todo el estrés. Pero es útil ser consciente de los momentos en que una persona está bajo estrés y aprender estrategias para hacerle frente con eficacia.
- Vamos a presentar maneras de prevenir el estrés y hacer frente de manera más efectiva al estrés en el folleto Solo Los Hechos: hacer frente al estrés.

Preguntas:

- ¿Ha habido veces que alguien notó que la persona en FIRST estaba bajo más estrés? ¿Parecía relacionado con los síntomas? ¿Cuáles son las situaciones estresantes en su familia?

Algunas palabras sobre el uso de sustancias

Las drogas y el alcohol pueden empeorar las vulnerabilidades biológicas para desarrollar psicosis. Sin embargo, no diríamos que las drogas "causaron" las enfermedades. Muchas personas usan drogas y alcohol y nunca desarrollan psicosis. Sin embargo, si una persona tiene una tendencia a desarrollar psicosis (por lo general desconocido para él o ella) las drogas y el alcohol puede sacarlo.

¿Qué pueden hacer los miembros de la familia o la persona en FIRST para disminuir su vulnerabilidad biológica y factores de estrés?

¿Qué pueden hacer los miembros de la familia y la persona en FIRST para disminuir su vulnerabilidad biológica y los factores de estrés?

Cosas que la gente puede hacer para influir en el factor de vulnerabilidad biológica de la psicosis:

- Tome la medicación según lo prescrito
- Evite las drogas callejeras y el alcohol
- Cuidar la salud física

Preguntas:

- ¿Los medicamentos han ayudado a la persona en FIRST a reducir los síntomas?
- ¿Ha evitado (o disminuido) el uso de drogas y alcohol ayudó a la persona en FIRST a reducir los síntomas?

Cosas que la gente puede hacer para influir en el factor de estrés de la psicosis:

- Participar en actividades de gran importancia
- Desarrollar relaciones con personas de apoyo
- Aprender estrategias para manejar el estrés
- Mantenga el conflicto familiar bajo
- Desarrollar estrategias de afrontamiento para los síntomas persistentes

Preguntas:

- ¿Qué hace la persona en FIRST para reducir el estrés?

- ¿Cómo ayudan otros miembros de la familia?

Opciones para practicar en la casa

(Se puede revisar ahora o al final de la sesión)

Entre las sesiones, la mayoría de las personas de nuestro programa les resulta útil intentar poner algún conocimiento o habilidad en práctica en casa, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Explique a una persona de apoyo cuál es el modelo de vulnerabilidad al estrés. Usted puede hacer esto con el miembro de la familia en FIRST o alguien cercano a usted.
2. Considerar la vulnerabilidad biológica de la persona en FIRST. ¿Qué está haciendo él / ella para minimizar su vulnerabilidad biológica (por ejemplo, tomando medicamentos)? ¿Hay algo más que se podría hacer para minimizar el impacto de factores biológicos? Si es así, ¿cualquier cosa que pueda recomendar?
3. Considere los factores de estrés de la persona en FIRST. ¿Qué está haciendo la persona en FIRST para minimizar el estrés (por ejemplo, hacer ejercicio regularmente, hablar con amigos)? ¿Hay algo más que el miembro de la familia pueda hacer para minimizar el impacto del estrés? ¿Algo más que alguien podría hacer para ayudar a reducir el estrés en la persona en FIRST? Si es así, seleccione algo que podría probarse durante la próxima semana.

¿Qué primer episodio de psicosis?

El primer episodio de psicosis se refiere a la primera vez que alguien experimenta síntomas psicóticos.

Las personas que experimentan un primer episodio de psicosis pueden no entender lo que está sucediendo. Los síntomas pueden ser inquietantes y completamente desconocidos, dejando a la persona confundida y angustiada. Por lo general no está claro durante un primer episodio lo que sucederá con los síntomas a largo plazo y si el problema inicial se convertirá en algo más a largo plazo.

- Un episodio psicótico ocurre en tres fases. La duración de cada fase varía de persona a persona.

Fase 1: Prodromal
Los signos tempranos son vagos y apenas perceptibles. Puede haber cambios en la forma en que algunas personas describen sus sentimientos, pensamientos y percepciones.
Fase 2: Agudo
Se experimentan síntomas psicóticos claros, como alucinaciones, delirios o pensamientos confusos.
Fase 3: Recuperación
La psicosis es tratable y la mayoría de los síntomas mejoran. El patrón de recuperación varía de persona a persona.

Pregunta:

- ¿Cuáles de estas fases pasó la persona en FIRST?

La mayoría de las personas primero experimentan psicosis como adolescentes o adultos jóvenes. Para algunas personas, la psicosis tiende a ser episódica, con síntomas que van y vienen en diferentes niveles de intensidad después del primer episodio. Muchas personas pueden y se recuperan de la psicosis.

Recomendaciones de tratamiento

- Lo que hace la gente y sus familias hace la diferencia en la persona en la recuperación de FIRST.

- Cuando las personas experimentan síntomas psicóticos, hay muchas cosas que pueden hacer para recuperar su vida. Unirse al programa FIRST es el primer paso.

- A continuación se presentan algunas recomendaciones adicionales:

  - Tome la medicación antipsicótica según lo prescrito
  - Participar en terapia individual, grupal y familiar
  - Trabajar para que la vida vuelva a la normalidad, como regresar al trabajo o a la escuela
  - Salir con amigos
  - Evitar el alcohol y las drogas
  - Aprender a manejar el estrés
  - Aprender estrategias para manejar los síntomas
  - Ejercitar y comer alimentos saludables
  - Participar en un programa de tratamiento
  - Mantener la comunicación en la familia fuerte

El tratamiento es importante en el primer episodio de psicosis, y cuanto antes una persona lo reciba, mejor se sentirá y hará.

Preguntas:

- ¿Qué recomendaciones de tratamiento la persona en FIRST ya sigue? ¿Cómo han cambiado los miembros de la familia su comportamiento para apoyarlo?
- ¿Qué medidas podrían tomar los familiares para ayudar a su familiar a recuperar su vida?

¿Se irán todos los síntomas?

La mayoría de las personas con psicosis encuentran que tomar medicamentos regulares ayuda a los síntomas, y la persona con un primer episodio de psicosis en su familia puede estar experimentando ahora pocos o ningún síntoma. Sin embargo, a veces la medicación no elimina todos los síntomas del primer episodio de psicosis y la gente tiene que aprender a lidiar con ellos mientras persiguen sus metas y sueños. La cirugía y la fisioterapia pueden ayudar, pero el dolor ocasionalmente aumenta y la gente tiene que "cuidarlo" mientras van al trabajo o a la escuela y están con sus familias. La medicación puede ayudar, pero todavía puede sentir el dolor a veces, especialmente cuando el estrés es malo. Es importante señalar que es normal que los síntomas de la psicosis aumenten durante los momentos de estrés. La gente todavía puede tener una vida muy completa, incluso si tienen algunos síntomas en curso de psicosis o brotes ocasionales. Las estrategias para hacer frente a la psicosis se discuten más en el programa de IRT, y la prevención de la recaída para abordar brotes de síntomas grandes se discute en un folleto más tarde en el programa de Psicoeducación familiar.

La persona en FIRST ya está en camino a la recuperación!

- Se ha demostrado que el asesoramiento individual y familiar, además de la medicación antipsicótica, es eficaz para mejorar los síntomas y la calidad de vida de las personas con psicosis
- El equipo FIRST puede ayudar a su familia a manejar mejor los síntomas, desarrollar un plan para mantenerse sano y evitar la recaída, y trabajar hacia metas

Preguntas:

- ¿Qué servicios de salud mental podrían ayudar a otros miembros de la familia a apoyar a la persona en FIRST? ¿Hay otros servicios de salud mental que otros miembros de la familia puedan necesitar?

Para obtener información adicional acerca de la psicosis, consulte los siguientes sitios web:

- Información general, hojas informativas, videos, enlaces y más:
  - Programa EPPIC en Australia: http://www.eppic.org.au/
  - Programa de Intervención de la Psicosis Temprana en Canadá: http://www.psychosissucks.ca/epi/
  - Programa de tratamiento de la psicosis temprana de Calgary en Canadá: http://www.calgaryhealthregion.ca/mh/sites/eptp/epp/index.htm
- Recursos para familiares y amigos:
  - http://www.eastcommunity.org/home/ec1/smartlist_12/family_and_friends.html
  - http://www.eppic.org.au/docs/Fact4howcan.pdfhttp://www.psychosissupport.com/
  - http://www.psychosissucks.ca/epi/howtohelpfriend.cfm
  - http://www.cmha.ca/bins/content_page.asp?cid=3-105-106

Opciones para practicar en la casa

(Se puede revisar ahora o al final de la sesión)

Entre sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner conocimiento o habilidades en práctica en el hogar, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Echa un vistazo a uno de los sitios web que tiene información sobre la psicosis.

2. Escriba una descripción de lo que la persona en la recuperación de FIRST significaría para todos en la familia. Si se siente cómodo, comparta su descripción con los miembros de su familia o personas de apoyo.

Puntos de resumen: Sólo los Hechos ¿Qué es la psicosis?

- La psicosis es una condición que afecta a la mente. Las personas pueden tener experiencias inusuales, pensamientos y problemas pensando con claridad.
- La psicosis es muy común, 3 de cada 100 jóvenes han informado tener una experiencia psicótica.
- Los síntomas principales de la psicosis incluyen alucinaciones, delirios o creencias falsas, y pensamiento confuso u otras dificultades cognitivas.
- Todo el mundo experimenta psicosis de manera diferente
- La psicosis no es culpa de nadie.
- Los científicos creen que la psicosis es causada por un desequilibrio químico en el cerebro.
- Tanto el estrés como la biología contribuyen a los síntomas psicóticos.
- Factores biológicos contribuyen al desequilibrio químico en el cerebro que los científicos han asociado con síntomas psicóticos.
- El estrés puede empeorar los síntomas o puede provocar el comienzo de los síntomas.
- Los objetivos del tratamiento son reducir la vulnerabilidad biológica, minimizar el estrés y mejorar la capacidad para hacer frente al estrés.
- El primer episodio de psicosis se refiere a la primera vez que alguien experimenta síntomas psicóticos.

El tratamiento es importante y cuanto más temprano una persona lo recibe, mejor se sentirá.

SOLO LOS HECHOS - MEDICAMENTOS PARA LA PSICOSIS

¿Por qué se recomienda la medicación como parte del tratamiento para la psicosis?

Tomar medicamentos regularmente puede reducir la gravedad de los síntomas y prevenir o minimizar las recaídas. Cuando las personas toman medicamentos regularmente como parte de su tratamiento, son menos afectados por los síntomas y son menos propensos a tener recaídas. En el folleto Solo los Hechos-Psicosis, aprendió sobre el "modelo de vulnerabilidad al estrés". Este modelo se basa en la evidencia de que tanto la vulnerabilidad biológica como el estrés contribuyen a los síntomas del trastorno mental. Los medicamentos reducen la vulnerabilidad biológica ayudando a corregir el desequilibrio químico en el cerebro. En los trastornos mentales, la parte del cuerpo que se ve afectada es el cerebro, que se compone de miles de millones de células nerviosas (neuronas) que contienen diferentes productos químicos (neurotransmisores). Los científicos creen que los trastornos mentales pueden causar desequilibrios en estos neurotransmisores en el cerebro. Con el tiempo, la estructura real del cerebro puede cambiar en las personas con psicosis.

Entre el 70-90% de las personas con psicosis que toman medicamentos y reciben tratamiento psicosocial experimentan una gran reducción de los síntomas y una mejor calidad de vida.

Pregunta:

- ¿Cuáles son sus creencias personales sobre la medicación? ¿Ve beneficios o tiene preocupaciones? ¿Alguien en la familia tiene inquietudes acerca del medicamento en el que está la persona en FIRST?

¿Qué tipos de medicamentos se usan para tratar la psicosis?

- La categoría principal de medicamentos que se usan para tratar la psicosis se llama antipsicóticos. Hay muchos tipos diferentes y las dosificaciones dependen de la necesidad individual.

Medicamentos Antipsicóticos

	Beneficios Posibles	Ejemplos
Antipsicótico	Para la mayoría de las personas, las dosis bajas de estos medicamentos pueden reducir los síntomas	Zyprexa, Abilify, Risperdal, Seroquel, Clozaril, Invega, Prolixin, Haldol, Symbyax, Stelazine, Geodon

- A veces se usan medicamentos adicionales para ayudar a las personas a sentirse mejor. Estos incluyen varias categorías diferentes de medicamentos

Posibilidades de Medicación Adicionales

Categoría de medicación	Beneficios Posibles	Ejemplos
Estabilizador del estado de ánimo	Tratar problemas con estados de ánimos extremos, incluyendo manía y depresión	Depakote, Lithium, Tegretol, Lamictal, Cymbalta
Anti-ansiedad	Reducir la ansiedad y sentirse excesivamente estimulado	Xanax, Ativan, Klonopin, Atarax, Catapres, Vistaril
Antidepresivo	Tratar los síntomas de la depresión, incluyendo bajo estado de ánimo, baja energía, problemas de apetito, problemas de sueño y mala concentración	Zoloft, Lexapro, Prozac, Paxil, Celexa, Effexor, Wellbutrin, Remeron, Pristiq
Anticolinérgico	Tratar los efectos secundarios de algunos medicamentos como inquietud y espasmos musculares	Cogentin, Benadryl, Artane

- Consejos importantes para recordar acerca de tomar medicamentos:
  - Todo el mundo responde de manera diferente, por lo que algunas personas pueden necesitar una dosis más alta o un medicamento diferente para obtener mejores resultados.
  - Se recomienda que una persona continúe tomando medicamentos antipsicóticos durante un período de tiempo significativo incluso después de que los síntomas sean mejores para reducir el riesgo de recaída.

Pregunta:

- ¿Qué cambios han notado los miembros de la familia desde que la persona en FIRST comenzó la medicación?

¿Cómo tomar la medicación para la psicosis beneficia a la persona en FIRST?

- Reducir los síntomas (por ejemplo, voces, delirios, dificultad para pensar con claridad) durante y después de un episodio agudo.
- Reducir las posibilidades de recaída y hospitalización.

Tomar medicamentos psiquiátricos puede ayudar a reducir los síntomas durante un episodio agudo. Cuando se toman de forma regular, pueden reducir el riesgo de tener recaídas.

Preguntas:

- ¿Qué medicación (s) tiene la persona en FIRST tomada?
- ¿Qué síntomas fueron ayudados por el (los) medicamento(s)? Por favor, registre sus respuestas a continuación.

Categoría de la medicación	**Medicamentos utilizados**	**Beneficios experimentados**
Antipsicótico		
Estabilizador del estado de ánimo		
Anti-ansiedad		
Antidepresivo		
Anticolinérgico		
Otro:		

Opciones para practicar en la casa

(Se puede revisar ahora o al final de la sesión)

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1. Comparta la tabla sobre los beneficios de la medicación con un familiar o persona de apoyo (tal vez la persona en FIRST si no asisten a estas sesiones). Pregunte a la persona si ha notado otros beneficios con el medicamento.

2. Si tiene alguna pregunta sobre los medicamentos que le prescribieron a su miembro de la familia, haga una cita para hablar de sus preocupaciones con el prescriptor u otros miembros del equipo FIRST.

¿Cuáles son los efectos secundarios potenciales de los medicamentos para la psicosis?

Es importante estar informado sobre los beneficios potenciales y los efectos secundarios potenciales de la medicación específica que se ha prescrito. Los medicamentos psiquiátricos, como otros medicamentos, pueden causar efectos secundarios no deseados

- Medicamentos diferentes tienen diferentes efectos secundarios y no todos experimentan los mismos efectos secundarios.

- Efectos secundarios comunes de los medicamentos nuevos antipsicóticos:
  - Aumento de peso
  - Somnolencia
  - Mareos
  - Inquietud
  - Boca reseca
  - Estreñimiento
  - Visión borrosa
  - Aumento de azúcar en la sangre

- Muchos efectos secundarios pueden desaparecer con el tiempo

Si experimentan efectos secundarios, es importante avisarle al doctor de inmediato.

Preguntas:

- ¿Qué efectos secundarios del medicamento ha experimentado la persona en FIRST? Por favor, registre sus respuestas a continuación.

Efectos secundarios de los medicamentos

Categoría del medicamento	Medicamentos específicos utilizados en esta categoría	Efectos secundarios al tomar este medicamento
Antipsicóticos		
Estabilizadores del estado de ánimo		
Antidepresivos		
Ansiedad y sedantes		
Otro:		

Algunas palabras sobre el aumento de peso

Algunos de los efectos secundarios más preocupantes de los medicamentos nuevos antipsicóticos implican aumento de peso. Puede haber muchas razones para el aumento de peso -algunos de los medicamentos pueden aguantar el metabolismo, las personas que se recuperan de la psicosis son a menudo menos activas, y algunos pueden comer más para lidiar con la ansiedad o el aburrimiento. Por desgracia, incluso si no están comiendo más, algunas personas en el programa FIRST todavía aumentan de peso. Sin embargo sucede, el aumento de peso puede ser muy inquietante para la persona y los miembros de su familia. Hay muchas estrategias para intentar si el aumento de peso se convierte en un problema en la recuperación de la psicosis.

- Los profesionales médicos de FIRST están trabajando fuerte para mantenerse al tanto del problema pesándolo frecuentemente y hablandolo con la persona en FIRST.

- A veces un cambio de un medicamento que es más probable que cause aumento de peso a uno menos probable que cause aumento de peso puede ayudar.

- Las personas en FIRST pueden comenzar a cuidar su consumo de alimentos. De hecho, hay módulos especiales sobre salud en la sección de IRT del programa. Los miembros de la familia pueden ayudar a tener aperitivos nutritivos.

- Las personas en FIRST pueden trabajar para volverse más activas. Aquí, los miembros de la familia pueden ser útiles preguntando a la persona si él / ella quiere ir a dar un paseo o alguna otra actividad.

- Las personas en FIRST pueden solicitar una remisión a un nutricionista para ayudar a diseñar un plan de alimentos más equilibrado.

Es importante señalar que muchas críticas rara la vez ayudan con el problema. De hecho, algunos estudios demuestran que muchas críticas e incitación sobre el peso puede aumentar la tensión y empeorar el problema.

Pregunta:

- ¿Qué hizo la persona en FIRST cuando experimentó efectos secundarios? Si tiene alguna pregunta sobre los efectos secundarios, haga una cita con el prescriptor u otros miembros del equipo FIRST para discutirlo.

Echale un vistazo:

✓ Muchas personas encuentran útil planear con anticipación cómo podrían hablar con su médico si experimentan efectos secundarios. A continuación, se sienten más cómodos hablando con su médico cuando están sentados con él o ella en la oficina. Practicar con anticipación hace que la gente se sienta aún más cómoda.

✓ ¿Cómo crees que la familia podría ayudar a la persona en FIRST a hablar con el médico acerca de las preocupaciones sobre la medicación y los efectos secundarios? Puede ser útil que los miembros de la familia utilicen la información de la tabla anterior para hacer un plan para revisar los efectos secundarios durante la próxima cita con el médico. Asegúrese de incluir los siguientes pasos (ejemplos de formas de discutir este problema con el médico se indican en cursiva):

  - Presente el tema de los efectos secundarios durante la visita del médico.
    - "Recientemente he notado algunos efectos secundarios con mi medicación. ¿Podríamos tomar un momento para discutir esto?

  - Incluya información sobre los efectos secundarios y cual ayuda se necesita de su

médico. Se especifico.

  - "Después de tomar la medicación me pongo muy cansado y es difícil mantenerme despierto en el trabajo. ¿Tienes alguna sugerencia sobre cómo podría estar menos cansada durante el día? "

- Haga un plan con el médico para resolver el problema.
  - "¿Qué sugieres hacer para que no tenga hambre ni coma todo el tiempo?"
  - "¿Cómo puedo sentarme en clase si siento que tengo que moverme y no puedo concentrarme?"
- Haga preguntas si no entiende
  - "¿Y si el medicamento no funciona para mí?"
  - "Me siento mejor. ¿Por qué no puedo dejar de tomar la medicación?"
  - "Entonces, ¿estás diciendo que está bien tomar todos mis medicamentos por la noche antes de acostarte o necesito tomar una pastilla por la mañana?"
- Los miembros de la familia pueden ayudar a practicar conversaciones con el médico para aumentar la confianza

Opciones para practicar en la casa

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1. La persona en FIRST puede hacer un plan con su terapeuta para hablar con su Médico acerca de las preocupaciones o preguntas que él / ella tiene sobre la medicación. Haga una cita especial si es necesario. Un miembro de la familia también puede querer ir si él / ella tiene preguntas también.

Cómo tomar una decisión instruida sobre la toma de medicamentos

El primer paso para obtener los mejores resultados de la medicación es tomar una decisión informada con el médico acerca de los posibles beneficios y riesgos. Al tomar una decisión instruida sobre los medicamentos, es importante aprender tanto como sea posible para medir el beneficio potencial y posibles inconvenientes de tomar medicamentos. El médico es vital para el proceso de toma de decisiones. Él o ella es un experto en medicamentos y tiene experiencia ayudando a otros a encontrar medicamentos eficaces.

También es importante que la persona que toma la medicación esté muy activa en la toma de

decisiones sobre la medicación. Después de todo, él / ella es el experto acerca de su propia experiencia de psicosis y lo que le hace sentirse mejor o peor. Puede tomar tiempo para que una persona y su médico encuentren la medicación que es más efectiva. Hablar con el médico sobre una base regular acerca de cómo uno se siente, para que los dos pueden trabajar juntos para encontrar la mejor medicina, es fundamental.

Aquí están algunas preguntas que una persona que considera la medicación o un ser querido puede hacerle a su médico:

- ¿Cuáles son los beneficios de tomar la medicación?
- ¿Cuánto tiempo se tarda en trabajar?
- ¿Interferirá con cosas que quiero hacer, como trabajo o escuela?
- ¿Cuáles son los efectos secundarios u otros inconvenientes de tomar el medicamento?

- Al mismo tiempo, la persona en FIRST debe continuar usando tantas estrategias de recuperación como sea posible, como participar en IRT, hacer ejercicio, mantener una dieta saludable, evitar el alcohol y las drogas y minimizar el estrés. La recuperación requiere más que una medicación.

Es importante ser un socio activo con el médico al tomar decisiones sobre la medicación.

Preguntas:

¿Cuáles son sus pensamientos sobre la medicación como una opción de tratamiento para la psicosis? ¿Cómo puede ser útil la medicación para los síntomas?

Opciones para practicar en la casa

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1. Ayude a hacer una lista de preguntas que la persona en FIRST preguntará al médico y practicará las preguntas.
2. Haga una lista de razones por las que podría ser importante para la persona en FIRST participar en las decisiones sobre su medicación.

Las ventajas y desventajas de tomar medicamentos para la psicosis

Para tomar una decisión instruida sobre los medicamentos, es importante medir los beneficios potenciales (ventajas) y los posibles inconvenientes (desventajas) de tomarlos. El cuadro siguiente puede ser útil para resumir la información:

Ventajas de tomar medicamentos (los beneficios)	Desventajas de tomar medicamentos (los inconvenientes)
Por ejemplo: reducir los síntomas, evitar que los síntomas vuelvan, evitar que los síntomas interfieran con la vida de la persona, ayudar a alcanzar los objetivos, progresar en otras áreas de la vida, como las relaciones	Por ejemplo: recordar tomar el medicamento, posibles efectos secundarios, "sentirse diferente"

Pregunta:

¿Los beneficios de tomar medicamentos compensan los inconvenientes o viceversa? ¿Por qué? ¿Alguien en su familia ha discutido estas preocupaciones acerca de la medicación con el médico?

Echale un vistazo

✓ ¿Cómo puede la persona en FIRST hablar con su médico acerca de los medicamentos? ¿Cómo pueden otros miembros de la familia ayudar? Use la información de la tabla anterior para ayudar a la persona en FIRST a hacer un plan para hablar con su médico acerca de tomar medicamentos. Estas son algunas estrategias que la persona en FIRST puede usar:

- Hágale una pregunta al médico y sea específico.
  - Haga una lista de preocupaciones sobre medicamentos / preguntas y traiga la lista a su cita.
  - Ninguna pregunta es demasiado pequeña. No tenga miedo o nervioso para preguntar.
- Si es difícil entender la respuesta, haga más preguntas.
  - Si te confundes, pide aclaraciones... ¿Podrías repetir eso, no estoy seguro si entendí tu respuesta?
  - Repita la respuesta al médico para asegurarse de que entiende su respuesta - "Así que, déjame asegurarme de que entiendo. . . "
- Agradezca a su médico por su ayuda
  - "Gracias por responder mis preguntas."

Los miembros de la familia pueden ayudar a la persona en FIRST a prácticar a hablar con su médico para aumentar su confianza.

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algunos conocimientos o habilidades en práctica en el hogar, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Repase su lista de ventajas y desventajas sobre tomar medicamentos.
2. La persona en FIRST puede planear hablar con el doctor como se practica arriba.
3. La persona en FIRST puede practicar con otro miembro de la familia o apoyo

Estrategias para tomar medicamentos regularmente

Algunos medicamentos sólo deben tomarse cuando hay un problema específico, como la aspirina para un dolor de cabeza o el ibuprofeno para un músculo tirado. Otros medicamentos deben tomarse regularmente todos los días para seguir teniendo beneficios. Por ejemplo, los medicamentos para la presión arterial alta o colesterol alto deben tomarse todos los días para lograr buenos efectos. Antipsicóticos, estabilizadores del estado de ánimo y antidepresivos necesitan tomarse todos los días para obtener sus beneficios. Incluso cuando la persona no parece tener síntomas, continuar con la medicación se asegura de que la situación siga siendo positiva y que los síntomas no "exploten" inesperadamente en el futuro.

- Tome los medicamentos a la misma hora todos los días.
- Tomar la medicación como parte de la rutina diaria (como cepillarse los dientes).
- Utilice señales y recordatorios (por ejemplo, calendarios, notas posteriores, organizadores de píldoras, recordatorios de teléfonos celulares).
- Recuérdese de los beneficios de los medicamentos.
- Hable con el médico sobre la simplificación del horario de la medicación.

Pregunta:

- ¿Tiene la persona en FIRST dificultades para recordar tomar su medicamento? ¿Qué estrategias han utilizado otros miembros de la familia para ayudar a la persona en FIRST a recordar tomar su medicación? ¿Hay más estrategias que podrían ser útiles? Usted puede usar la tabla siguiente para hacer un plan para ayudar a recordar tomar medicamentos regularmente. Aquí hay estrategias para usar:

Estrategias para obtener los mejores resultados de la medicación

Estrategia	Estrategia para tratar	Planea usar esta estrategia
Hable con el médico sobre cómo simplificar el horario de la medicación		
Tome los medicamentos a la misma hora todos los días		
Incluya tomar medicamentos en su rutina diaria		
Utilice señales y recordatorios (calendarios, notas, organizadores de pastillas, alarmas de teléfonos celulares)		
Recuérdese de los beneficios de tomar medicamentos		
Otro:		

Desarrollar estrategias para tomar medicamentos regularmente es crucial para la recuperación.

¿Los medicamentos son para siempre?

A la mayoría de la gente no le gusta estar tomando medicamentos. A veces los medicamentos tienen efectos secundarios y a veces son un recordatorio de problemas. Sin embargo, para la mayoría de las personas que han desarrollado psicosis, tomar medicamentos puede "hacer o romper" si pueden volver a caer en sí. Aun así, la persona en FIRST y su familia a menudo quieren saber cuánto tiempo la persona necesita estar en la medicación. Este es un tema crítico para hablar con el médico y el equipo. En una persona con un primer episodio de psicosis, después de un buen período de estabilidad y bajo circunstancias de bajo estrés, el médico y la persona en FIRST pueden eventualmente decidir tratar de disminuir o eliminar la medicación antipsicótica, mientras continua el seguimiento de la persona en FIRST de cerca. A menudo, el médico le recomendará a la persona con un primer episodio de psicosis tomar la medicación regularmente durante al menos un año antes de tratar de bajar de ella. Mientras que la mayoría de las personas encuentran que necesitan continuar con la medicación para vivir la vida más completa posible, una pequeña minoría de personas con psicosis del primer episodio (tal vez 10-20%) pueden vivir con éxito incluso sin medicación.

Medicamentos Inyectables

La mayoría de los medicamentos discutidos hasta ahora suelen darse en pastillas. Sin embargo, algunos medicamentos antipsicóticos se pueden administrar en inyecciones cada par de semanas. Aunque a nadie le gustan las inyecciones, los medicamentos inyectables de acción prolongada pueden ser una buena opción para las personas que están muy ocupadas, tienen horarios irregulares o se olvidan de tomar sus medicamentos. Las ventajas y desventajas de tomar medicamentos inyectables es un buen tema para discutir con el médico.

- Para obtener información adicional sobre medicamentos y otras formas de tratamiento para la psicosis, consulte los siguientes sitios web:
  - http://www.nimh.nih.gov/health/publications/mental-health-medications/complete-index.shtml
  - http://www.psychosissucks.ca/epi/pdf/@medication.pdf

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas en nuestro programa les resulta útil intentar poner un poco de conocimiento o habilidad en práctica en casa, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. La persona en FIRST puede hacer un plan para probar una de las estrategias para tomar medicamentos regularmente. La familia puede ayudar.
2. La persona en FIRST puede rastrear cuando él / ella pierde cualquiera de sus dosis de medicamento. La familia puede ayudar.

Puntos de resumen: Sólo los hechos-medicamentos para la psicosis

- Los medicamentos reducen la vulnerabilidad biológica a la psicosis.
- Entre el 70-90% de las personas con psicosis que toman medicamentos y reciben tratamiento psicosocial experimentan una reducción significativa de los síntomas y una mejor calidad de vida.
- La categoría principal de medicamentos que se usan para tratar la psicosis se llama antipsicóticos.
- Se pueden usar otros medicamentos para tratar otros síntomas.
- Tomar medicamentos psiquiátricos puede ayudar a reducir los síntomas durante un episodio agudo. Cuando se toma de forma regular, la medicación puede reducir el riesgo de tener recaídas.
- Si una persona experimenta cualquier efecto secundario con medicamentos, es importante avisar al médico de inmediato.
- Es importante ser un socio activo con el médico al tomar decisiones sobre la medicación.
- Para tomar una decisión instruida sobre los medicamentos, es fundamental sopesar los beneficios potenciales (las ventajas) y los posibles inconvenientes (las desventajas) de tomarlos.
- Si una persona decide tomar medicamentos, obtendrá los mejores resultados tomándolos a la misma hora todos los días.
- Es útil desarrollar estrategias para ajustar los medicamentos en una rutina diaria.

SOLO LOS HECHOS – LIDIAR CON ESTRES

Qué es estrés

"Estrés" es un término que la gente a menudo usa para describir una sensación de presión, o tensión. Las personas a menudo dicen que están "bajo estrés" o se sienten "estresados" cuando se enfrentan a situaciones difíciles o eventos. En este folleto hablaremos sobre cómo los miembros de la familia y la persona en FIRST pueden hacer frente de manera más efectiva al estrés. Las personas que han desarrollado psicosis les dan tensión a menudo. Además, los miembros de la familia con un ser querido con una enfermedad psicótica a menudo experimentan niveles altos de estrés, y este estrés puede afectar negativamente a la persona enferma. Las personas que desarrollan psicosis parecen tener mejores resultados si sus familias encuentran formas positivas de lidiar con el estrés, por lo que el buen manejo del estrés se vuelve importante para todos los miembros de la familia.

- Todos encuentran situaciones estresantes.
- A veces el estrés proviene de algo positivo (como un trabajo nuevo, un apartamento nuevo o una relación nueva) y a veces de algo negativo (como aburrirse, discutir con alguien o ser víctima de un crimen).
- Según el modelo de vulnerabilidad al estrés, el estrés puede conducir a un aumento de los síntomas y está asociado con la recaída.
- Puede desarrollar estrategias para ayudarle a lidiar mejor en situaciones estresantes.
- Los miembros de la familia pueden ayudar a la persona en FIRST a lidiar eficazmente con el estrés.

> Una de cada cinco personas reporta algún problema con el estrés.

Preguntas:

- Describa la última vez que se sintió estresado. ¿Cuándo fue la última vez que vio a su familiar en el programa FIRST bajo estrés? ¿Cómo puedes saberlo? ¿Cómo el estrés afectó a sus síntomas?

¿Qué hace que los miembros de la familia se sientan estresados?
Qué hace que la persona en FIRST se sienta estresada?

- Diferentes personas encuentran diferentes cosas estresantes.
  - Por ejemplo, algunas personas disfrutan de ir a una fiesta y conocer gente nueva; Otros encuentran que los pone nerviosos.

- Saber lo que una persona encuentra personalmente estresante le ayudará a lidiar mejor.
- Hay dos tipos principales de estrés: acontecimientos importantes de la vida y problemas diarios.
- Los acontecimientos significativos de la vida se refieren a experiencias tales como mudarse, casarse, la muerte de un ser querido, o tener un bebé. Algunos eventos de la vida son más estresantes que otros; Por ejemplo, obtener un divorcio suele ser más estresante que cambiar de trabajo. Es importante, incluso los eventos positivos de la vida (como tener un bebé o conseguir un nuevo trabajo) pueden ser estresantes.

Lista de verificación de eventos de la vida

Ponga una marca de verificación al lado de cada evento que ha experimentado en el último año. Si la persona en FIRST no está asistiendo a la sesión, circule los factores de estrés que experimentó en el último año.

_____ Mudarse
_____ Casarse
_____ Bebé Nuevo
_____ Divorcio o separación
_____ Lesión
_____ Enfermedad
_____ Trabajo Nuevo
_____ Pérdida de trabajo
_____ Heredar o ganar dinero
_____ Problemas financieros
_____ Lesión o enfermedad de un ser querido
_____ Muerte de un ser querido
_____ Víctima de un crimen
_____ Problemas legales
_____ Novio o novia nueva
_____ Se dejó de un novio o novia
_____ Hacer una dieta
_____ Responsabilidades nuevas en el trabajo
_____ No tiene lugar para vivir
_____ Hospitalización
_____ Dejó de fumar
_____ Nuevas responsabilidades en casa
_____ Beber o usar drogas callejeras causó problemas
_____ Otros:

_____ Número total de eventos de la vida marcados para usted
_____ Número total de eventos de vida marcados para la persona en FIRST

Estrés moderado = 1 evento
Estrés alto = 2-3 eventos;
Muy alto estrés = más de 3 eventos

Lista de verificación de molestias diarias

Las "molestias diarias" son las pequeñas tensiones diarias de la vida cotidiana que pueden sumarse si ocurren con el tiempo.

Coloque una marca de verificación al lado de cada evento que experimentó en la última semana: Encierre en un círculo las molestias que la persona en FIRST experimentó durante la semana pasada si él / ella no está asistiendo a la sesión.

_____ No es suficiente $ cuidado de necesidades
_____ No es suficiente $ para pasar el tiempo libre
_____ Situación agitada de la vida
_____ Transporte público abarrotado
_____ Viajes largos en carro o respaldos de tráfico
_____ Se siente aprisa en la casa
_____ Se siente aprisa en el trabajo
_____ Discusiones en la casa
_____ Discusiones en el trabajo
_____ Hacer negocios con personas desagradables (vendedores, camareros, empleados de tránsito, colectores de peaje)
_____ Situación ruidosa en casa
_____ No hay suficiente privacidad en casa
_____ Problemas médicos menores
_____ Falta de orden o limpieza en casa
_____ Falta de orden o limpieza en el trabajo
_____ Tareas domésticas desagradables
_____ Tareas desagradables en el trabajo
_____ Vivir en una comunidad peligroso
_____ Otros:

_____ Número total de eventos de la vida marcados para usted
_____ Número total de eventos de vida marcados para la persona en FIRST

Estrés moderado = 1 o 2 molestias diarias
Estrés alto = 3-6 molestias diarias
Estrés muy alto = más de 6

Preguntas:

- ¿Cuál es el evento de vida más estresante que ha experimentado en el último año? ¿Qué hay de la persona en FIRST, si él / ella no está asistiendo a la sesión?

- ¿Cuáles son las molestias diarias más estresantes que usted ha experimentado en la semana pasada? ¿Qué tal la persona en FIRST, si él / ella no está asistiendo a la sesión?

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas les resulta útil intentar poner algún conocimiento o habilidad en práctica en el hogar, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Use la lista de verificación de problemas diarios para rastrear eventos estresantes la próxima semana.

2. Revise los eventos de la vida y las listas de verificación de problemas diarios con un miembro de la familia o persona de apoyo para identificar eventos estresantes. Pregúntele a su familiar o amigo qué eventos cotidianos él o ella encuentra estresante.

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Echale un vistazo:

- ✓ ¿Cómo podría la familia hablar juntos acerca de los estresores que el miembro de la familia en FIRST está atravezando si él / ella no está asistiendo a las sesiones?

- ✓ Haga una lista de preguntas que usted puede hacer a esa persona y practique haciendo las preguntas. Planee con anticipación para que pueda responder a sus inquietudes o preguntas sobre el nivel de estrés en el que se encuentra su familiar en FIRST.

Cómo reconocer el estrés

- El estrés puede afectar su salud física y emociones, así como sus pensamientos, comportamiento y estado de ánimo.

- Reconocer sus signos personales de estrés puede ayudarle a hacer algo al respecto.

Use la lista siguiente de verificación para identificar sus propios signos personales de estar bajo estrés.

Lista de señales de estrés

Coloque una marca de verificación al lado de cada signo que ha experimentado en la última semana: Encierre en un círculo las molestias que la persona en FIRST ha experimentado en la semana pasada, si él / ella no está asistiendo a la sesión.

____Dolores de cabeza
____Sudar
____Aumento de la frecuencia cardíaca
____Dolor de espalda
____Cambios en el apetito
____Dificultad para conseguir el sueño
____Mas necesidad de dormir
____Temblores
____Problemas de digestión
____Dolores de estómago
____Boca reseca
____Problemas de concentración
____Coraje sobre cosas relativamente pequeñas
____Irritable
____Ansioso
____Sensación de inquietud o "agitado"
____Lloroso
____Olvidadizo
____Propenso a los accidentes
____Usar alcohol o drogas (o querer)
____Otro________________________________
____Otro________________________________

Ser consciente de los signos de estrés puede ayudarle a tomar medidas para evitar que empeore.

Preguntas:

- ¿Ha notado algún signo de estrés durante la última semana? ¿Qué haces cuando te das cuenta que estás bajo estrés? ¿Cómo reconocen otros miembros de la familia que la persona en FIRST está bajo estrés?

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algunos conocimientos o habilidades en la práctica en el hogar, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Use los signos de la lista de control de estrés para rastrear su estrés diario durante la próxima semana. ¿Cuántas veces a la semana se siente estresado? ¿Qué haces cuando te sientes estresado?

2. Revise los signos de la lista de control de estrés con su familiar en FIRST.

Miembros de familia y estrés

El conflicto familiar puede empeorar los síntomas psicóticos. Cuando los miembros de la familia aprenden a lidiar bien con el estrés, esta es una manera de reducir la tensión en las familias y mejorar la calidad de vida de la persona en FIRST y sus seres queridos.

Mejorar el manejo del estrés es fundamental para TODOS los miembros de la familia.

Estrategias para prevenir o hacer frente al estrés

- Reconocer situaciones estresantes es el primer paso para prevenir y hacer frente al estrés.
- Al evitar algunas situaciones estresantes, puede concentrarse más en disfrutar y alcanzar sus metas
- Si no puedes evitar situaciones estresantes, puedes mejorar en lidiar con el estrés que ocasionan.
- La mayoría de las personas encuentran útil familiarizarse con una variedad de estrategias de manejo del estrés.

Estrategia	Ejemplo	Yo ya uso	Me gustaria
Reconocer situaciones que causaron estrés en el pasado	Piense en maneras de manejar situaciones estresantes. Si las vacaciones grandes con su familia le hacen sentir tenso, trate de tomar pausas cortas lejos del grupo más grande.		
Programar actividades importantes	Identificar actividades que reduzcan el estrés. Para algunas personas, el trabajo es importante y agradable, mientras que otras personas buscan voluntariado, pasatiempos, música o deportes.		
Saque tiempo para relajarse	Tómese el tiempo para relajarse cada día, para refrescar su mente y cuerpo de las tensiones de		
Tener un equilibrio en mi vida cotidiana	Evaluar sus actividades y determinar si demasiada actividad está causando estrés. Asegúrese de dejar tiempo para dormir y para relajarse, actividades relajantes.		
Desarrollar mi sistema de apoyo	Busque a las personas que son alentadoras y de apoyo, en lugar de crítica y presión.		
Cuidar de mi salud	Asegúrese de comer bien, dormir lo suficiente, hacer ejercicio regularmente y evitar el abuso de alcohol o drogas para ayudar		
Hablar de mis sentimientos	Comparta sentimientos positivos o estresantes con un amigo o familiar.		
Anote mis sentimientos en un diario	Mantenga un diario de los sentimientos positivos y negativos para evitar embotellar sus sentimientos.		
Evitar ser duro conmigo mismo. Identificar características positivas sobre mi	Cree expectativas razonables para usted mismo, y déle crédito por sus talentos y fortalezas.		
Utilizar técnicas de relajación	Haga un plan para usar una técnica de relajamiento como respiraciones, relajación muscular progresiva		

Utilizar la auto-charla positiva	Desarrolla una frase corta para decirte a ti mismo cuando te sientes estresado como "Esto es difícil, pero puedo hacerlo", o "Si tomo esto un paso a la vez, seré capaz de manejarlo. "		
Mantener mi sentido del humor	Es difícil sentirse estresado cuando usted está riendo. Haz una lista de cosas que te hacen reír y prueba una la próxima vez que te sientas estresado.		
Participar en la religión u otra forma de	Haga un plan para participar regularmente en una actividad religiosa o espiritual.		
Ejercicio	Trabajar fuera de su estrés, haciendo un plan para hacer ejercicio con regularidad		
Escuchar música	Prepare una lista de reproducción de sus canciones favoritas para escuchar cuando se sienta estresado.		
Hacer ilustraciones o ir a ver obras de arte	Haga un plan para adaptar el arte a su rutina semanal. Leer un libro de arte o dibujar.		
Participar en un pasatiempo	Encuentre un pasatiempo que le guste. Haga un plan para intentarlo con un amigo.		
Otro:			

Reducir el estrés en la familia puede ayudar a la persona en FIRST evitar el empeoramiento de los síntomas o una recaída y ayudarle a vivir una vida más satisfactoria.

Pregunta:

¿Qué estrategias para reducir el estrés está más interesado en intentar?

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas en nuestro programa les resulta útil intentar poner un poco de conocimiento o habilidad en práctica en casa, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Identificar una situación estresante que puede ocurrir durante la próxima semana. Seleccione una estrategia para prevenir el estrés e intentar y hacer un plan para usarlo en la próxima semana. Obtenga útiles si los necesita (por ejemplo, un diario, un calendario de actividades de la iglesia). Siga cómo funciona la estrategia para reducir el estrés.

2. Si la persona en FIRST no está en la sesión, otros miembros de la familia pueden preguntar a la persona en el programa FIRST qué estrategia de manejo de estrés podría intentar en la próxima semana Ayudarle a hacer un plan para practicar la estrategia.

Técnicas de relajación

El uso de técnicas de relajación puede ser muy útil para hacer frente al estrés. A continuación se describen tres tipos de técnicas de relajación:

- Respiración relajada
- Relajación muscular
- Imaginar una escena pacífica

Técnicas de relajación son más eficaces cuando se practican sobre una base regular. Cuando usted está aprendiendo una técnica, por lo general se concentran en hacer los pasos de acuerdo a las instrucciones. A medida que se familiarice con las instrucciones, podrá concentrarse más en la relajación que está experimentando. Elija una de las técnicas siguientes e intente practicarla diariamente. Después de una semana, evalúe si cree que la técnica es efectiva para usted.

Respiración relajada

El objetivo de este ejercicio es ralentizar su respiración, especialmente su exhalación.

Pasos:

- Elija una palabra asociada con relajación, como CALMADO o RELAJADO o PACIFICO.

- Inhale por la nariz y exhale lentamente por la boca. Tome respiraciones normales, no profundas.

- Mientras exhala, diga la palabra relajante que ha elegido. Dígalo muy lentamente, como este, "c-a-a-a-a-a-l-m" o "r-e-e-e-l-a-a-a-x".

- Haga una pausa después de exhalar antes de tomar su siguiente aliento. Si no es demasiada distracción, cuente hasta cuatro antes de inhalar cada nueva respiración.

- Repita la secuencia completa de 10 a 15 veces.

Relajación muscular

El objetivo de esta técnica es estirar suavemente los músculos para reducir la rigidez y la tensión. Los ejercicios comienzan en la cabeza y trabajan hasta los pies. Usted puede hacer estos ejercicios mientras está sentado en una silla.

Pasos:

- Se encoge de hombros. Levante ambos hombros en un movimiento de encogimiento de hombros. Trate de tocar los oídos con los hombros. Deje que sus hombros caer después de cada encogimiento de hombros. Repita 3-5 veces.

- El brazo se extiende *. Levante ambos brazos derecho sobre su cabeza. Entrelace los dedos, como si estuviera haciendo una canasta, con las palmas hacia abajo (hacia el suelo). Estira tus brazos hacia el techo. Luego, manteniendo los dedos entrelazados, gire las palmas hacia arriba (hacia el techo). Estiramiento hacia el techo. Repita 3-5 veces.

- Tensión de estómago. Tire de los músculos del estómago hacia la espalda tan

fuerte como usted puede tolerar. Siente la tensión y aferrarse a ella durante diez segundos. Luego suelte los músculos y deje que su estómago se relaje, más y más. Luego enfóquese en la liberación de la tensión. Observe la sensación pesada pero cómoda en su estómago.

- Levanta la rodilla. Toma la mano y coge tu rodilla derecha con una o ambas manos. Tire de la rodilla hacia el pecho (tan cerca de su pecho como sea cómodo). Mantenga la rodilla allí por unos segundos, antes de devolver el pie al piso. Toma la mano y coge tu rodilla izquierda con una o ambas manos y levántala hacia tu pecho. Manténgalo ahí durante unos segundos. Repita la secuencia 3-5 veces.

- Rodillos de pies y tobillos. Levante los pies y estirar las piernas. Gire los tobillos y los pies, 3-5 veces en una dirección, luego 3-5 veces en la otra dirección.

* Si no es cómodo hacer el paso # 2 con los brazos sobre sus cabezas, pruebe con los brazos extendiéndose frente a usted.

Imaginar una escena pacífica

El objetivo de esta técnica es "alejarse" del estrés e imaginarse en una situación más relajada y tranquila.

Pasos:

1. Elige una escena que encuentres pacífica, tranquila y tranquila. Si tiene problemas para pensar en una escena, considere lo siguiente:
   - en la playa
   - en un paseo en el bosque
   - un banco en el parque
   - un camino en montaña
   - en canoa o velero
   - En un prado
   - viajar en un tren
   - En una cabaña
   - Al lado de un río
   - Al lado de una cascada
   - en un apartamento de gran altura con vistas a una gran ciudad
   - montando una bicicleta
   - en una granja

2. Después de elegir una escena pacífica, imagina tantos detalles como sea posible, usando todos tus sentidos.

3. ¿Cómo se ve la escena? ¿Cuáles son los colores? ¿Es claro u oscuro? ¿Qué formas hay en la escena? Si es una escena de la naturaleza, ¿qué tipo de árboles o flores vez? ¿Qué animales? Si se trata de una escena de la ciudad, ¿qué tipo de edificios? ¿Qué tipo de vehículos?

4. ¿Qué sonidos hay en su escena pacífica? ¿Puedes oír el agua o los sonidos de las olas? ¿Hay sonidos de animales o pájaros? De la brisa? ¿De la gente?

5. ¿Qué puedes sentir con tu sentido del tacto? ¿Hay texturas? ¿Es fresco o caliente? ¿Puedes sentir una brisa?

6. ¿Qué olores hay en tu escena pacífica? ¿Podrías oler flores? ¿El olor del océano? ¿El olor de la cocina de los alimentos?

7. Desconocer cualquier pensamiento estresante y mantener su atención en la escena pacífica.

8. Deje al menos cinco minutos para esta técnica de relajación.

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algunos conocimientos o habilidad en práctica en el hogar, para que puedan ver cómo funciona en su propia situación. Esta es una opción de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Elija al menos una de las técnicas de relajación y pruébela al menos
   Una vez todos los días durante 5-10 minutos durante una semana. Intente aumentar hasta 20 minutos por día.

¿Cómo puedo desarrollar un plan para hacer frente a mi estrés?

- En este folleto ha identificado situaciones estresantes, signos de estrés, estrategias para prevenir el estrés y estrategias para afrontar el estrés.
- El siguiente formulario puede ayudarlo a reunir esta información como un plan individual para hacer frente al estrés.

Plan Individual para Afrontar el Estrés

Situaciones estresantes que tengo que tener precaución: 1. 2. 3.
Signos de que estoy bajo estrés: 1. 2. 3.
Mis estrategias para prevenir el estrés: 1. 2. 3.
Mis estrategias para hacer frente al estrés: 1. 2. 3.

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas en nuestro programa les resulta útil intentar poner un poco de conocimiento o habilidad en práctica en casa, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Comparta su plan para hacer frente al estrés con un miembro de la familia o persona de apoyo. Pídale a esa persona que le ayude a practicar una de sus estrategias para prevenir o afrontar el estrés durante la próxima semana. Si la persona es parte de su plan, practique la estrategia de afrontamiento con él o ella.

2. Si la persona en FIRST no asistió a la sesión, ofrezca ayudarlos a practicar una de sus estrategias para prevenir o afrontar el estrés durante la próxima semana. Si él / ella está dispuesto, ayúdelo a completar un formulario "Plan Individual para Afrontar el Estrés".

Puntos de resumen: Sólo los hechos - hacer frente al estrés

- "Estrés" es un término que la gente a menudo usa para describir una sensación de presión, o tensión.
- Las personas con psicosis parecen mejorar si sus familiares presentan menos signos de angustia.
- Una de cada cinco personas reporta algún problema de estrés.
- Los eventos de la vida y las molestias diarias son ambas fuentes de estrés.
- Ser consciente de los signos de estrés puede ayudar a que alguien tome medidas para evitar que empeore.
- Prevenir el estrés puede ayudar a evitar el empeoramiento de los síntomas o a tener una recaída.
- Hacer frente de manera más efectiva al estrés permite centrarse en metas y áreas importantes de la vida.

SOLO LOS HECHOS - EFECTIVO COMUNICACIÓN

Todas las familias necesitan comunicarse. Los miembros de la familia tienen intereses y preocupaciones comunes, tales como administrar un hogar, participar en actividades recreativas y resolver problemas juntos. Los miembros de la familia también necesitan ser capaces de expresar sentimientos el uno al otro, tales como felicidad, ira, tristeza, o preocupación. La comunicación eficaz puede hacer que la gente sepa que se preocupan y se aprecian mutuamente y sus esfuerzos. Una comunicación eficaz también puede facilitar que la gente se exprese, haga peticiones de otros cuando sea necesario y resuelva conflictos cuando surja.

Enfermedad mental y su impacto en la comunicación

Las destrezas de comunicación son importantes para todas las familias, pero la comunicación efectiva puede ser particularmente importante cuando un miembro de la familia tiene (o ha tenido) un episodio de psicosis. La psicosis puede interrumpir la comunicación de muchas maneras, porque muchas personas con una enfermedad mental a menudo procesan la información de manera diferente. Recordar estos puntos en su comunicación con ellos puede ser muy útil:

1. A veces los individuos se retiran (físicamente y / o emocionalmente) porque se sienten excesivamente estimulados. Las personas con una enfermedad mental pueden tener una capacidad limitada para la conmoción, por lo que pueden sentirse abrumado fácil y rápidamente. A veces, las personas con enfermedades mentales - al igual que muchas personas sin una enfermedad mental - se retiran cuando se sienten deprimidos.
    a. **Sugerencia para las familias**: Evite tomar el alejamiento personalmente y permanezca disponible si su ser querido quiere hablar más tarde. Es posible que desee iniciar una discusión luego sobre el patrón de alejamiento.[1]
2. Las situaciones sociales pueden ser muy estresantes para las personas con una enfermedad mental, ya que los grupos o las multitudes pueden sentirse amenazantes y provocar ansiedad.
    a. **Sugerencia para las familias**: Su ser querido puede sentirse más cómodo teniendo sólo uno o pocos visitantes a la vez. También puede limitar la duración o la frecuencia de las actividades de grupos grandes.[1]
3. Los individuos con una enfermedad mental pueden tener una capacidad deteriorada de expresar emociones. En consecuencia, pueden parecer desprendidos, fríos o emocionalmente distantes.

    a. **Sugerencia para las familias**: Es probable que se sienta mejor si puede entender esta distancia emocional como parte de la enfermedad y no como un reflejo de un problema

de relación o algún mal hecho por parte de su o de su ser querido. [1]

4. Por otro lado, algunas personas muestran emociones intensas y de rápida escalada.
    a. **<u>Sugerencia para las familias</u>**: A pesar de que su ser querido debe ser considerado responsable de su comportamiento y lidiar con las consecuencias, es útil que pueda reconocer la emocionalidad elevada como un síntoma de la enfermedad. [1]
5. Las personas que sufren psicosis a menudo se sienten bombardeadas con información, ya que los pensamientos y sentimientos parecen venir tanto del interior (a menudo como alucinaciones auditivas o "voces") y el mundo exterior. Por lo tanto, estos individuos pueden luchar para clasificar hacia fuera la información entrante y pueden sentirse confundidos a veces. Al comunicarse con ellos, puede notar que parecen distraídos o retirados (por ejemplo, en un "mundo propio"), pueden cambiar el tema sin razón aparente, o pueden ser incapaces de atenerse a un tema a la vez.
    a. **<u>Sugerencia para las familias</u>**: La comunicación es más eficaz cuando es simple, breve e incluye la repetición de puntos clave. Evite discutir sobre la validez o existencia de las creencias o alucinaciones de su ser querido, ya que el debate será ineficaz y sólo aumentará la tensión. Recuerde, en la mente de su ser querido, estas creencias y pensamientos son realidad.

Otros ejemplos de cómo la enfermedad mental puede interrumpir la comunicación incluyen:

- Exhibir irritabilidad, arrebatos de ira, o comportamiento impredecible debido a cambios de humor
- Malentendiendo a otros que conducen a la ansiedad o a la sospecha
- Hacer demandas irracionales o tener una falta de preocupación por otros debido a la preocupación por los temores o la ansiedad
- Experimentar dificultades para procesar con precisión la información social, como expresiones faciales o indirectas, lo que lleva a malentendidos

Estos problemas con la comunicación a menudo conducen a altos niveles de estrés en las familias. El conflicto entre los miembros de la familia puede interferir con las relaciones cercanas y disminuir la vida familiar en general. Además, el estrés familiar y la tensión pueden empeorar el curso de la psicosis, dando lugar a más recaídas.

Las investigaciones han revelado que las familias que aprenden y usan buenas destrezas de comunicación y solucionan problemas como una familia pueden reducir significativamente la probabilidad de que su ser querido sea re-admitido en el hospital - y reducir la duración de la estadía si él / ella necesita ir al hospital (Dyck et al., 2002; McFarlane, 2002). [1]

Sin embargo, mejorar las destrezas de comunicación puede reducir la frustración y el estrés en la familia y ayudar con las interacciones saludables. (Cuando se pregunta a las familias que tienen a un

ser querido que vive con enfermedad mental acerca de sus preocupaciones, a menudo reportan una preocupación significativa por el alto nivel de estrés en el hogar y la naturaleza de las relaciones dentro de la unidad familiar [Pollio, North & Foster, 1998]). Una manera de mejorar la comunicación es aprendiendo a entender mejor las formas en que su ser querido piensa y procesa la información. Ser capaz de comunicarse y tratar de comprender los sentimientos del otro puede ser muy significativo: "El regalo más curativo que puedes dar a alguien que está sufriendo es la conciencia de que estás tratando honestamente de entender lo que están pasando, incluso si lo encuentras mal "(Hudson, 1999, p.37). [1]

Preguntas:

- ¿Qué es bueno acerca de la comunicación en su familia? ¿Hay áreas que le gustaría mejorar?

Punteros para Buenas Destrezas de Comunicación

Varias estrategias diferentes pueden ser útiles para mejorar la comunicación, resolver conflictos y desarrollar un ambiente familiar de apoyo. Se describen a continuación:

1. **Entienda el punto**
   Las declaraciones rotundas pueden ser difíciles de seguir, pero esto es especialmente cierto cuando alguien tiene dificultad para concentrarse. Los problemas de prestar atención y concentración son síntomas comunes de la psicosis. Ser breve y llegar al punto rápidamente hace que sea más fácil conseguir el punto a través de la otra persona y para asegurarse de que su punto se entiende.

2. **Expresar sentimientos claramente con declaraciones "YO"**
   El uso de palabras como "enojado", "feliz", "molesto" o "preocupado" para describir los sentimientos evita los malentendidos que pueden ocurrir cuando la gente tiene que adivinar los sentimientos de los demás. El uso de "YO" declaraciones como "Siento ..." son directos y al grano. Cuando están involucrados sentimientos trastornados, usar declaraciones de "yo" en lugar de "culpar" (la otra persona) puede ayudar a evitar poner a la otra persona a la defensiva. Por ejemplo, en lugar de decir: "Me habías molestado cuando llegaste tarde a cenar anoche", intenta decir "estaba enojado y preocupado cuando llegaste a casa tarde para cenar anoche. Le agradecería que fuera a tiempo la próxima vez o llamara si va a llegar tarde”. (Usted conseguirá practicar esta destreza en particular más adelante en la sesión.)

3. **Habla por ti mismo y no por otros**
   La gente a menudo habla por los demás porque piensan que saben cómo se sienten los

demás. Las familias también pueden usar "comunicación a través de otros" para comunicarse indirectamente entre sí (por ejemplo, "Tu madre está enojada contigo"). Hablar por otras personas y usar la comunicación "a través de otros" (ya sea comunicarse indirectamente a otros o escuchar a tales mensajes), naturalmente conduce a malentendidos, ya que cada persona es verdaderamente un experto únicamente en sus propios sentimientos. Los problemas que resultan por las personas hablar por otras pueden evitarse si todo el mundo es responsable sólo de expresar sus propios sentimientos. Este cambio puede parecer difícil para los miembros de la familia que no están acostumbrados a dirigir la comunicación, pero a largo plazo puede ser útil para todos.

4. **Expresar sentimientos positivos**
   Todos se sienten bien cuando se reconocen sus esfuerzos. Expresar sentimientos positivos sobre lo que alguien ha hecho - no importa cuán pequeño - le permite saber que es apreciado (y que él / ella es apreciado). La retroalimentación positiva también puede permitir que la otra persona sepa lo que uno se preocupa, lo que puede llevar al cambio. Expresar sentimientos positivos es especialmente importante cuando una persona ha tenido un episodio psicótico y puede sentirse confundido o deprimido al respecto. Los sentimientos positivos pueden ser expresados usando los siguientes pasos:

   - Mire a la persona.
   - Dígale a la persona lo que él o ella hizo que le gustó.
   - Dile a la persona cómo te hizo sentir.

   Un ejemplo de expresar sentimientos positivos podría ser: "Estoy orgulloso de ti porque fuiste a tu cita aunque no sentías ir".

5. **Hacer solicitudes positivas**
   Todas las relaciones cercanas implican un cierto grado de hacer cosas el uno para el otro. La manera en que la gente comunica sus deseos y necesidades puede tener un impacto importante en cómo responde la otra persona. Hacer una petición de otra persona es más eficaz cuando es claro, específico y declarado de una manera positiva. Los siguientes pasos pueden ser útiles cuando se realizan peticiones:

   - Mire a la persona.
   - Haga una solicitud específica.
   - Dígale a la persona cómo se sentiría si la solicitud fuera concedida.

   Un ejemplo de hacer una solicitud positiva podría ser "le agradecería si pudiera ir de compras para el supermercado hoy" o "Me gustaría que usted venga conmigo a la cita de

mi médico este miércoles porque me gustaría su ayuda en la explicación de mi medicación, efectos secundarios para el médico; Me alegraría saber que puedes estar conmigo.

6. **Expresar sentimientos negativos**
   Todo el mundo tiene sentimientos negativos en algún momento. Ser capaz de expresar sentimientos desagradables de manera constructiva es crucial para resolver conflictos y llevarse bien con otras personas. Los siguientes pasos pueden ser útiles para expresar y resolver sentimientos negativos:

   - Mire a la persona y hable con un tono de voz serio.
   - Dígale a la persona lo que él o ella hizo que le disgustó.
   - Dígale a la persona cómo se siente, y sea específico.
   - Hacer una solicitud de cambio, si es posible.

   Un ejemplo de expresar sentimientos negativos podría ser: "Estaba preocupado cuando no regresaste del trabajo a tu hora habitual. En el futuro, si usted piensa que va a llegar tarde, por favor llámame "o" Estoy enojado por haber dejado de tomar su medicamento. ¿Podemos hablar de cuáles son sus preocupaciones y encontrar una forma de hacerles frente? "

7. **Compromiso y negociación**
   La gente no siempre está de acuerdo en lo que quiere hacer juntos, cómo lograr los objetivos, o cómo resolver problemas. Las relaciones cercanas se basan en un grado de "dar y recibir" en el que cada persona da a la otra persona / relación, así como toma. Estar dispuesto a comprometerse es una forma efectiva de llegar a una resolución cuando hay desacuerdo entre las personas, como se describe en los siguientes pasos:

   - Explicar su punto de vista
   - Escuchar el punto de vista de la otra persona.
   - Repita lo que escuchó decir (para hacerles saber que estaba escuchando y para asegurarse de que los entendió correctamente).
   - Sugerir un compromiso.
   - Estar abierto a discutir otros posibles compromisos.

   He aquí un ejemplo de compromiso y negociación:
   Jane y Sam hablaron mucho sobre si su hija de 16 años, Emma, debería tener un toque de queda.

Jane: *"Me preocupa que Emma tenga problemas si vuelve a casa tarde. Me preocupo por los problemas de tomar alcohol o de varones, y no puedo dormir hasta que esté en casa. No quiero que vaya a salir a las 11:00 pm."*

Sam: *"Sé que te preocupas, pero ella es de confianza y, a menudo, si ella va a la última película, ni siquiera saldrá a las 11:00 pm. Es muy temprano para un fin de semana."*

Jane: *"Así que piensas que Emma es confiable y que 11:00 pm es demasiado pronto para volver a casa si ella fuera a una película. Pero sabes que todavía me preocupo. ¿Qué tal si la dejamos permanecer fuera hasta la medianoche sólo una noche en el fin de semana, y la otra noche en el fin de semana tiene que llegar a las 11:00 pm?"*

8. **Solicitar un descanso**
   A veces, cuando los sentimientos de una persona se vuelven muy intensos y calientes, difíciles de comunicar eficazmente, o resolver problemas. Tomar un descanso de los sentimientos intensos puede dar tiempo a la gente para calmarse, recoger sus pensamientos, y ser capaz de hacer frente a la situación tan constructivamente como sea posible. Pueden utilizarse los siguientes pasos para solicitar el tiempo de espera:

   - Indicar que la situación es estresante.
   - Dígale a la persona que está interfiriendo con una buena comunicación.
   - Explique que le gustaría hacer un descanso temporal.
   - Déle a la persona una idea de cuándo estará listo para hablar y resolver problemas acerca de la situación.

   Un ejemplo de expresar sentimientos negativos podría ser "Me siento estresado ahora mismo por esta conversación. Me gustaría tomar un descanso ahora y discutir esto con usted más tarde cuando me sienta más tranquilo."

9. **Escuchar a la otra persona activa y eficazmente**
   Los miembros de la familia a menudo se conocen tan bien que piensan que saben lo que alguien va a decir, incluso antes de que lo digan. Esto puede conducir a cortar a la otra persona cuando él / ella está en medio de hablar o no realmente escuchar lo que él / ella tiene que decir. Cuando asumimos que sabemos lo que la otra persona tiene que decir, a menudo estamos equivocados, y esto puede interferir con el cambio que ambas personas desean. No escuchar invalida la perspectiva de la otra persona e implica que el cambio no es posible. Escuchar activamente y efectivamente el uno al otro permite que la otra persona sepa que usted está interesado y cuida sobre lo que él / ella tiene que decir. Los siguientes pasos se pueden utilizar para demostrar escuchar activa y efectiva: [1]

   - Mire el altavoz
   - Afirma con la cabeza y diga algo como "sí, lo veo" o "bien" mientras el hablante continúa hablando.
   - Haga preguntas para aclarar que lo que escuchó fue lo que el orador dijo.
   - Resuma lo que escuchó decir el orador.

- Recuerde escuchar al menos tanto como usted habla. (Usted llegará a practicar esta destreza en particular más adelante en la sesión.)

10. **Centrarse en los comportamientos en lugar de la personalidad**
Es más fácil para la gente cambiar de comportamiento que cambiar personalidad, actitudes o sentimientos. Enfocar las comunicaciones en el comportamiento (en lugar de las características de la personalidad o rasgos) es especialmente importante cuando estás molesto porque puedes dejar claro a la persona lo que te molesta.

Un ejemplo de enfocarse en los comportamientos en lugar de la personalidad podría ser "Me preocupa porque usted está bebiendo tanto y me preocupa su salud", en lugar de decir "Usted es un alcohólico." O diciendo "A veces pienso que no te importo porque rara vez me preguntas acerca de mis sentimientos; Ojalá mostraras más preocupación preguntándote cómo me siento más a menudo ", en lugar de decir" Eres irreflexivo; Sólo piensas en ti mismo.

Preguntas:

- ¿Cual destreza(s) su familia ya sabe? ¿Qué necesita practicar?

La Importancia de la Práctica

Comunicare eficazmente es como cualquier otra destreza - se necesita práctica para ser bueno en ello. El cambio es difícil para todos, y la gente puede sentirse incómoda o incómoda al principio al intentar usar las recomendaciones de comunicación proporcionadas en este folleto. Con la práctica, las habilidades de una buena comunicación se sentirán naturales con el tiempo, y las recompensas a largo plazo en términos de la calidad de las relaciones familiares valen la pena el esfuerzo.

A veces estos cambios de comunicación parecen difíciles de hacer, y algunas personas podrían pensar que "la mayoría de las personas no se hablan entre sí de esta manera". Sin embargo, tenga en cuenta que la meta de la Psicoeducación Familiar FIRST es fortalecer las habilidades de comunicación por encima y más allá de " Promedio "para compensar la concentración y los problemas de atención que a menudo son parte de experimentar la psicosis. El objetivo final es ser un mejor comunicador que la mayoría de la gente con el fin de apoyar a la persona en la recuperación de FIRST. (Más adelante en la sesión, cada uno de ustedes podrá practicar al menos una de las destrezas de comunicación que se presentó en el folleto).

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algunos conocimientos o habilidades en práctica en el hogar para que puedan ver cómo funciona en su propia situación. Esta es una opción de práctica en casa para este folleto que puede revisar ahora o al final de la sesión

1. Pruebe una de estas nuevas habilidades cada día, registrando cómo fue en la Hoja de Practicar destrezas de comunicación, que puede encontrar más adelante en este módulo.

Lo que se hace y no se hace de la comunicación efectiva[2]

Las familias a menudo están atascadas en viejos patrones familiares de comunicación. Algunos hábitos pueden ser eficaces, mientras que otros pueden que no funcionen más. Echemos un vistazo a algunos "hacer" y "no hacer" adicionales que conducen a una comunicación más eficaz:

Hacer:

1. Use la "regla de dos oraciones". Mantenga su comunicación simple, clara y breve.
2. Haga sólo una pregunta a la vez.
3. Manténgase con el problema actual, en lugar de plantear "viejos problemas".
4. Mantenga la calma
5. Minimizar otras distracciones apagando la televisión y la radio.
6. Preste atención al comportamiento no verbal; Tanto su comportamiento no verbal (por ejemplo, la forma en que se encuentra o el tono de voz) y el comportamiento no verbal de su miembro de la familia.
7. Ayude a su ser querido a identificar sus sentimientos sugiriendo varias opciones (por ejemplo, "¿Se siente enojado, triste o preocupado ahora mismo?")
8. Reconoce lo que crees que has oído expresar.
9. Mostrar empatía o cuidar de sus sentimientos. Es posible que desee normalizar esa emoción y compartir una experiencia similar que ha tenido en el pasado.
10. Decidir juntos en un tiempo regular para la comunicación. Incluso si usted está juntos la mayoría del tiempo, las familias se benefician de tener un tiempo establecido para hablar de manera rutinaria sobre temas más difíciles que han surgido y que necesitan ser abordados. Elegir un tiempo de menos estrés cuando ambos son más propensos a sentirse mejor es muy importante.

No hacer:

1. No trate de discutir con su ser querido por creencias ilusorias o falsas. Sus esfuerzos para convencerlo de que la creencia es incorrecta sólo aumentarán el estrés en la situación y probablemente no cambiará sus puntos de vista. Recuerde que estos pensamientos y creencias son realidad para su ser querido.
2. Evite dar consejos a menos que se le pregunte - o si la persona no puede tomar la decisión por su cuenta. Lo mejor es tomar decisiones juntos cuando sea posible.
3. Evite interrumpir el uno al otro.
4. No hables mal el uno al otro (por ejemplo, "Estás actuando como un niño").
5. Evite ponerle otros nombres.
6. No generalizar (por ejemplo, "siempre" o "nunca"). Es mejor centrarse en el comportamiento específico en lugar del individuo en general.
7. No grites.
8. No personalice el comportamiento del miembro de la familia. Reconocer que el síntoma puede ser parte de la enfermedad mental y puede no tener nada que ver con usted, o que tal vez su miembro de la familia estaba teniendo un mal día, pero no estaba realmente molesto con usted.

Puntos de resumen para los hechos justos - comunicación eficaz

- Las destrezas fuertes de comunicación son importantes para todas las familias y relaciones.
- Una buena comunicación puede ayudar a compensar por la atención y los problemas de memoria que ocurren con la psicosis.
- Las declaraciones deben ser breves y específicas.
- Es importante usar declaraciones "Yo".
- Practicar nuevas formas de hablar puede ser incómodo al principio, pero es útil.
- La práctica es importante para fortalecer las destrezas.

Comunicándose con los demás sobre la enfermedad mental en su familia[2]

Una pregunta común que muchas familias preguntan es "¿Qué debemos decirle a nuestros familiares y amigos?" La respuesta a eso es sorprendentemente simple: tanto o tan poco como quieras y con lo que te sientas cómodo. Es importante discutir este tema como una familia para que cada persona sepa cómo se sienten los demás, especialmente la persona en FIRST, y así se puede llegar a un acuerdo / consenso en la familia.

Los hechos pueden educar a la gente sobre la enfermedad mental y desafiar algunos estereotipos y mitos. Como se mencionó al principio en Psicoeducación Familiar FIRST, la gente puede tener creencias incorrectas acerca de lo que significa tener una enfermedad mental, especialmente teniendo en cuenta la representación a menudo sensacionalista e inexacta de la enfermedad mental. Si alguna vez tiene dudas sobre lo que es hecho versus ficción / mito cuando oye algo acerca de la enfermedad mental, asegúrese de preguntar a uno de los miembros del primer equipo que estará encantado de discutir esto con usted.

Si desea que los demás entiendan mejor la enfermedad mental, la información siguiente puede ser útil:

- Aunque todavía no se conoce la causa exacta de la enfermedad mental, muchas enfermedades mentales tienen un fuerte componente biológico / genético, pero el medio ambiente también juega un papel importante.
- La enfermedad mental es muy común. Más de 6 millones de estadounidenses tienen una enfermedad mental grave, como esquizofrenia, trastorno esquizoafectivo, trastorno bipolar o trastorno depresivo mayor.
- La enfermedad mental afecta el pensamiento, la conducta, el sentimiento y el juicio.
- El curso de la enfermedad mental es a menudo impredecible, y los síntomas pueden ir y venir sin alguna razón. Sin embargo, a veces somos capaces de identificar desencadenantes y señales de advertencia para evitar que se produzca una recaída.
- No hay curaciones conocidas o maneras fáciles de prevenir la enfermedad mental - pero los médicos pueden ayudar algunos síntomas con medicamentos y terapias. Los efectos secundarios de algunos medicamentos pueden ser desagradables, y es importante comunicar cualquier efecto secundario con su médico.
- La enfermedad mental puede ser muy grave y crónica. A menudo tiene un fuerte impacto, tanto emocional como financieramente, en la persona con la enfermedad mental y las personas cercanas a él / ella. Por lo tanto, las personas con una enfermedad mental necesitan una gran cantidad de apoyo y comprensión.
- La enfermedad mental no es contagiosa.
- Las personas con enfermedades mentales rara vez son peligrosas (y las personas que son peligrosas o cometen crímenes violentos a menudo no son diagnosticadas con una enfermedad mental).

[1]Mueser & Glynn (1999). *Behavioral Family Therapy for Psychiatric Disorders, Second Edition.* New Harbinger Publications, Inc. Oakland, CA.

[2]Sherman, M.D. (2008). *S.A.F.E. Program: Support and Family Education: Mental Health Facts for Families* (3rd ed.). Oklahoma City: Oklahoma City VA Medical Center. Available at: www.ouhsc.edu/SAFEProgram

Hojas de Trabajo de destrezas de Comunicación[2]

Skill: The "I" Statement

Destreza: La Declaración "Yo"
Una herramienta específica para hacer una comunicación directa se llama la declaración "Yo". Esta destreza requiere que el orador asuma la responsabilidad de sus sentimientos y deseos. El propósito es decirle a alguien cómo se siente acerca de su comportamiento sin degradar, acusar o despertar la ira en la otra persona.

Al hacer declaraciones "I", es muy útil usar este formato:
"Siento_________________cuando tú_________________(porque____________)."

¿Puede usted traer algunos ejemplos?
"Me siento_______________cuando tu ____
(porque____)."
"Me siento_______________cuando tu ____
(porque____)."
"Me siento_______________cuando tu ____
(porque____)."

Ventajas de usar declaraciones "Yo":

1. Estos mensajes llaman la atención del oyente. Los individuos a veces pueden llegar a ser demasiado auto-involucrados y pueden no ser conscientes de los sentimientos de otros miembros de la familia.
2. Estos mensajes son para no culpar, por lo que minimizan la defensiva.
3. Estos mensajes obligan al orador a identificar, expresar y asumir la responsabilidad por sus propios sentimientos

La declaracion "Yo" se puede utilizar para:

1. Hacer una solicitud
2. Elogiar. Los elogios fortalecen la relación y aumenta la probabilidad de que el individuo haga el comportamiento nuevamente en el futuro.
3. Expresar sentimientos negativos de una manera apropiada.
4. Trae el enfoque nuevamente a la preocupación del miembro de la familia sobre el comportamiento de la persona.
5. Pida al individuo que cambie su comportamiento, recordando que es importante expresar / decir:
   a. Exactamente lo que la persona hizo
   b. Cómo te sientes sobre el comportamiento
   c. Cómo le gustaría que cambiara este comportamiento en el futuro

Juego de roles para destrezas de comunicación[2]

Es más fácil decir que hacer el uso de la declaración "Yo". Usted puede beneficiarse de la práctica de esta destreza en diversas situaciones. Se puede utilizar con más que sólo los miembros de la familia que están aquí hoy. Usted encontrará éxito comunicándose con amigos, niños, compañeros de trabajo, otros miembros de la familia, etc. si usted practica las destrezas y trabaja duro.

Tomemos un tiempo para practicar la realización de declaraciones "yo" como un grupo.

Hoja de trabajo de escucha activa[1]

Fecha ________

Destrezas de escucha activa

- Mire al orador o presentador.
- Afirme con la cabeza y diga cosas como "bien" o "ya veo" para que el orador o presentador sepa que está escuchando.
- Haga preguntas para aclarar dudas.
- Interpretar / resumir lo que has escuchado.
- Espere hasta que el presentador termine antes de responder.

Asegúrese de que cada "oyente" reciba comentarios positivos sobre su uso de destrezas de escucha activa inmediatamente después de que él o ella practiquen la destreza.

Persona escuchando	Destrezas Utilizadas	Persona Hablando/Tema
1.		
2.		
3.		
4.		
5.		

Mueser & Glynn (1999). *Behavioral Family Therapy for Psychiatric Disorders, Second Edition.* New Harbinger Publications, Inc. Oakland, CA.

Hoja de trabajo para prácticar habilidades de comunicación

Para prácticar durante la próxima semana, intenta una nueva destreza de comunicación (que hemos discutido en Psicoeducación Familiar) cada día, registrando cómo fue. Nosotros podemos repasar esto juntos en nuestra próxima sesión.

Utilice esta hoja de trabajo para registrar la fecha, la habilidad que utilizó (expresar sentimientos positívos, solicitar un tiempo de espera, hacer solicitudes positívas, etc.), la persona con quién habló, la situación, lo que usted dijo.

Fecha	Destreza Utilizada	Persona con la que hablastes	Situación	¿Qué tú dijistes?

Sólo los Factores – Problema - Resolución y Toma de Decisiones

Los problemas son una parte inevitable en la vida de todos nosotros, y aprender a lidiar efectivamente con los problemas es importante. Confrontar problemas puede ser un desafío, especialmente si las dificultades se acumulan, involucran a muchas personas y/o implican un sentido de impotencia. Nosotros a menudo no tratamos los problemas efectivamente cuando nosotros nos sentimos abrumados por emociones fuertes.

La resolución de problemas puede ser especialmente difícil para las familias que se enfrentan con una enfermedad mental. Cuando los miembros de la familia tratan de resolver los problemas con el individuo que ha sido diagnosticado con una enfermedad mental seria, la frustración y los desafíos pueden surgir. Es importante recordar que los individuos con enfermedades mentales pueden enfrentar desafíos especiales cuando tratan con problemas, tales como mayor emocionalidad, pensamiento irracional, deterioro del juicio, impulsividad o percepciones distorsionadas.

Hay algunos problemas comunes que surgen para las familias que tratan con la enfermedad mental. Éstas incluyen:

- Desacuerdos entre miembros de la familia
- Dificultades financieras
- Cumplimiento de la medicación
- Uso/abuso de drogas y alcohol
- Falta de participación en actividades familiares (por ejemplo, hacer tareas domésticas, ir a la iglesia)
- Incumplimiento de las reglas del hogar (por ejemplo, no fumar en la casa)
- Hacer frente a eventos potencialmente estresantes (por ejemplo, celebraciones familiares, mudanzas, muertes)
- Amenazas de peligro (por ejemplo, comentarios / comportamiento suicidas, amenazas y / o actos de violencia)
- Lidiar con el sistema de salud mental (por ejemplo, cambios de proveedor, admisiones del paciente, seguros)

¿Puedes pensar en otros? ¿Cuáles son algunos desafíos que enfrenta tú familia?

___

___

Sherman, M.D. (2008). *S.A.F.E. Program: Support and Family Education: Mental Health Facts for Families* (3rd ed.). Oklahoma City: Oklahoma City VA Medical Center. Available at: www.ouhsc.edu/SAFEProgram

Muchas familias encuentran que trabajar para resolver los problemas de una manera sistemática puede conducir a mejores resultados. Las familias pueden aprender a usar un conjunto específico de estratégias para resolver problemas y alcanzar metas efectivamente. En este folleto, primero debatiremos cómo trabajar en la solución de problemas y presentar los pasos exitosos para la solución de problemas.

Sin embargo, algunas situaciones implican tomar una decisión en lugar de resolver un problema. Por ejemplo, la persona en FIRST puede tener que decidir si regresa a la escuela o mudarse de donde él/ella vive. En tal situación, tomar una decisión puede conducir a problemas que necesitan ser resueltos. Para aumentar la probabilidad de hacer la mejor elección posible, utilizando un enfoque estructurado para hacer una elección – una decisión equilibrada - puede ser útil. Los frutos secos de una decisión equilibrada se presentan en la segunda parte de este folleto.

> El uso de un enfoque sistemático puede ayudar a las familias a resolver problemas y tomar decisiones.

Organización de los Problemas Familiares - Resolución

Las familias a menudo encuentran que seguir una estructura específica para resolver un problema puede ayudar a organizar a los miembros y mantenerlos enfocados en el tema en cuestión. El familiar clínico ayuda a organizar a la familia y estructura la discusión para seguir los pasos de la resolución de problemas. El uso de estos pasos ha demostrado aumentar la probabilidad de que se encuentren soluciones éxitosas.

Pasos para la Resolución de Problemas y el logro de metas

El enfoque estructurado para resolver problemas en FIRST sigue los seis pasos. El clínico trabaja con los miembros de la familia y se enfoca en un paso a la vez. Nosotros animamos a todos a participar activamente en la discusión familiar, y todos los comentarios son bienvenidos.

Los seis pasos son los siguientes:

1. Discuta el problema o la meta. Defina el problema o la meta de la manera más sencilla y específica posible. Todos los miembros de la familia hablan del problema o la meta, prestan atención a lo que cada persona tiene que decir, y encuentran una definición que todos estén de acuerdo. Es especialmente importante para las personas más involucradas hablar de cómo el problema les afecta a ellos. Cuando todos han expresado sus opiniones, los miembros de la familia tratan de llegar a una definición común del problema o la meta. Esto puede requerir que los

miembros de la familia se comprometan entre sí. Redactar el problema o la meta positivamente en términos de cómo cambiar algo puede facilitar el logro de este paso. Cuando los miembros de la familia están de acuerdo en una definición específica, se anota. Durante la discusión puede quedar claro que el problema realmente involucra una decisión a tomar.
Las estrategias para una buena toma de decisiones se discuten más adelante en este folleto.

2. Lluvia de ideas, por lo menos tres posibles soluciones. Al comienzo de este paso, los miembros de la familia revisan previamente los intentos para resolver el problema. Esta revisión ayuda a evitar a repetir los mismos errores o resoluciones que no fueron efectivas. Entonces, todo el mundo identifica varias posibles soluciones al problema, como sea posible. No evalúe las soluciones en este momento. Incluso las "soluciones de la fantasía", las ideas extrañas, y las respuestas chistosas pueden ser incluídas. Cualquiera debe contribuir por lo menos en una idea, y nadie es criticado.

3. Evalúe brevemente cada solución. Enumerar las ventajas y desventajas de cada idea para resolver el problema o alcanzar la meta.

4. Elija la mejor solución o combinación de soluciones. Trate de elegir la solución más simple y sea probable para resolver el problema. Las soluciones elegidas deben ser acordadas por los miembros de la familia. A veces, una o dos soluciones son claramente favorecidas por todos. Otras veces, los miembros de la familia pueden diferir en cuanto a qué soluciones prefieren. Las soluciones pueden necesitar modificaciones o compromisos hechos en orden para que los miembros de la familia consigan el acuerdo.

5. Planifique los pasos para llevar a cabo la solución. Cuando los miembros de la familia están de acuerdo en cómo quieren resolver el problema o lograr la meta, deben formular un plan para poner sus ideas en acción. Este plan contiene cuatro elementos clave:

    a. Marco temporal: ¿Cuándo las diferentes partes del plan se completarán/lograrán?
    b. Recursos: ¿Se necesitan cualquier recursos especiales para llevar a cabo el plan (por ejemplo, dinero, destrezas, información)?
    c. Roles: ¿Quién es responsable de hacer qué?
    d. Posibles obstáculos: ¿Qué podría interferir con llevar el plan en acción? ¿Cómo se podrían evitar o tratar estos obstáculos, si ocurren?

6. Examinar la aplicación en la próxima reunión; modifique según sea necesario. Después de que la familia haya acordado un plan, se planificará una sesión de seguimiento para evaluar si el plan fue éxitoso, identificar cualquier barreras, etc. En esta sesión, los miembros de la familia discutirán y alabarán los esfuerzos que se han hecho para implementar el plan y evaluan si es necesario un mayor esfuerzo para resolver el problema o lograr la meta. Usted posiblemente tenga que resolver problemas para solucionar cualquier obstáculos que encuentre en el camino.

Resumén de los Pasos para la Solución de Problemas y el Logro de las Metas:
1. Defina el problema.
2. Generé posibles soluciones.
3. Evalué cada posible solución.
4. Elija la mejor solución o la combinación de soluciones.
5. Planifique cómo llevar a cabo la (s) solución (es).
6. Revisar la implementación del plan y elogiar todos los esfuerzos.

Cuatro miembros de una familia (incluye a la madre, dos hijos y una hija con un primer episodio de psicosis) todos vivían juntos en un pequeño apartamento. Un día, la hija entabló una discusión con su novio y amenazó con arrojarle una lámpara a él. El novio se fue, pero le pareció a la madre que su hija estaba experimentando un aumento en sus síntomas. Una sesión con todos los miembros de la familia estaba programada para la mañana siguiente. Durante la sesión, después de varios minutos de discusión sobre el problema, todos estuvieron de acuerdo en definir el problema como "XXXX siente que podría lastimar a alguien". La familia identificó seis diferentes posibles soluciones:

1. Tomar medicamentos adicionales.
2. Ir al hospital más cercano para una evaluación (y tal vez la admisión).
3. La hija abandone el apartamento.
4. Otros miembros de la familia abandonan el apartamento.
5. Ir al hospital donde la hija fue admitida previamente.
6. Llamar al equipo de tratamiento para una evaluación.

Después de considerar las ventajas y las desventajas de cada posible solución, los miembros de la familia acordaron que la mejor solución era la número 5 porque la hija sentía que la situación era urgente y ella se sentía más confortable en ir a un hospital donde estaba familiarizada con el personal de tratamiento. El plan para implementar la solución incluyó los siguientes pasos:

1. El Clínico llama al hospital para ver si hay camas disponibles para la admisión. (Si no hay camas disponibles, se llamaría al hospital más cercano.)
2. La madre llama al taxista para ser transportada al hospital.
3. La hija empaca ropa y artículos de tocador.
4. Uno de los hermanos acompaña a su hermana al hospital.

El plan fue seguido con éxito, y la hija fue admitida en el hospital y recibió el tratamiento.

Preguntas:

- ¿Cómo tú familia soluciona los problemas?
- ¿Qué problema tú necesitas trabajar hoy?

Muchas dificultades para resolver problemas pueden ser superadas.

Tomar Buenas Decisiones

A veces las personas se enfrentan con situaciones complejas que no se prestan inmediatamente a los pasos de la solución de problemas. Requieren que se tome una decisión o elección preliminar antes de iniciar la resolución de problemas. Típicamente, tales decisiones implican mayores cambios en el estilo de vida, como si la persona en FIRST debe seguir viviendo en la casa, inscribirse en la escuela, comenzar a usar alcohol otra vez, o decirle a sus amigos sobre sus recientes problemas con psicosis. Para ayudar mejor a tomar estas decisiones difíciles, el clínico puede introducir la tarea de llevar a cabo un equilibrio decisional.

Un equilibrio decisional involucra pasos de aprendizaje similares a la resolución de problemas, incluyendo: (1) definir la decisión a tomar; (2) generar una lista de las ventajas y desventajas de una decisión, y las ventajas y desventajas de otra decisión; (3) discutir las ventajas y desventajas relativas; (4) seleccionar la mejor opción; (5) un plan de cómo implementar la decisión; y (6) seguimiento del plan en una sesión posterior. Todo el mundo en la consulta debe ayudar a dar ideas para el equilibrio decisional.

Un ejemplo de equilibrio decisional completado por una familia para sopesar las ventajas y desventajas de su familiar con psicosis que deja la cocaína, en la siguiente tabla:

Balance Decisional por el Usar o No Usar Cocaína

Opción A	Posibles buenos resultados de la opción A	Posibles resultados negativos de la opción A
Usando cocaína	Podría tener diversión	Puede estar deprimido
	Ver amigos	Puede terminar en el hospital
		Hacer que la familia se moleste
Opción B	Posibles buenos resultados de la opción B	Posibles resultados negativos de la Opción B
No usar cocaína	Puede comprar ropa con dinero en efectivo	Podría aburrirse
	La familia estará feliz	Extrañará a amigos
	Será mejor en la escuela	Tiene que desintoxicarse

En conjunto, ¿cuál es la mejor opción? __No usar__ ___________________________

Una vez completado el Balance Decisional:

Una vez que se ha elegido un curso de acción, a menudo se puede identificar una variedad de problemas o metas (que se deben trabajar uno a la vez) utilizando la estrategia de resolución de problemas discutida anteriormente. Por ejemplo, con la persona que completó el equilibrio de la decisión sobre el consumo de cocaína, la decisión de evitar el consumo de cocaína dio como resultado a una serie de nuevos problemas, entre ellos:

1. Lidiar con los deseos de cocaína
2. Encontrar amigos sobrios; y
3. Encontrar otras actividades agradables.

La persona de FIRST y su familia fueron capaces de definir cada uno de ellos como un problema o objetivo específico y utilizaron los pasos de la resolución de problemas que previamente habían aprendido a trabajar a través de las nuevas y más pequeñas cuestiones.

Puntos Resumidos: Resolución de Problemas y Toma de Decisiones

1. Resolver problemas utilizando un enfoque estructurado a menudo conduce a mejores resultados.

2. El aporte de todos es importante.

3. Los pasos para resolver los problemas y alcanzar los metas son:
   a. Discutir el problema
   b. Haga una lluvia de ideas sobre tres posibles soluciones.
   c. Evaluar brevemente cada solución.
   d. Elija la (s) mejor (s) solución (es).
   e. La implementación del Plan.
   f. Revise la implementación en la próxima sesión familiar.

4. Las familias pueden encontrar dificultades para resolver los problemas juntos, pero existen estrategias para superar los obstáculos.

5. Cuando hay decisiones importantes que tomar, la lista de pros y contras en un equilibrio decisional puede ser muy útil.

6. Tanto la solución de problemas y el balance desicional son partes importantes de la Psicoeducación Familiar FIRST.

Hoja de resolución de problemas o de definición de metas

1. Discuta el problema o la meta. Obtener la opinión de todos. Trate de llegar a un acuerdo sobre que exactamente es el problema / meta. Escriba específicamente lo que es:

____

____

2. Lluvia de ideas por lo menos tres posibles soluciones y enlístelos a continuación. (No los evalúe en este momento - espere hasta el tercer paso.)

3. Brevemente evalúe cada solución. Enliste las principales ventajas y desventajas a continuación.

Solución	**Ventajas (enliste varios)**	**Desventajas (enliste varios)**
Solución1:		
Solución 2:		
Solución 3:		

4. Elija la (s) mejor (es) solución (es). Consideré cuan fácil sería implementar la solución y la probabilidad de que sea eficaz.

____

____

5. El Plan de implementación. ¿Cuándo se implementará?

____

____

¿Qué recursos se necesitan y cómo ellos lo obtendrían?

____

¿Quién hará qué se implemente la solución?

____

Enumere lo que podría salir mal en la implementación y cómo se superaría. (Tu puedes prácticar cualquier parte difícil del plan.)

____

____

____

¿Quién comprobará que todos los pasos del plan fueron implementados?

____

6. Revisar y discutir la implementación en la próxima sesión familiar. (Fecha:_________) Revisar según sea necesario.

Equilibrio Decisional

Opción A	Posibles buenos resultados de la Opción A	Posibles malos resultados de la Opción A
Opción B	Posibles buenos resultados de la Opción B	Posibles malos resultados de la Opción B

En conjunto, ¿cuál es la mejor opción?
____

____

____

Sólo los Hechos - Recaída Planificación de la Prevención

¿Qué es una recaída?

Los síntomas psiquiátricos tienden a variar en intensidad con el tiempo. A veces los síntomas pueden estar ausentes; a veces pueden ser leves o moderados; a veces pueden ser fuertes. Cuando los síntomas se convierten en severos, generalmente se conoce como una "recaída" o un "episodio agudo". Algunas recaídas pueden ser manejadas en casa, pero otras recaídas requieren hospitalización para proteger a la persona u otras personas. Las recaídas son más probables cuando los individuos dejan de prestar atención a los factores del estrés y la vulnerabilidad que se discutieron anteriormente.

La psicosis afecta a las personas de maneras muy diferentes. Algunas personas tienen una forma más suave y sólo tienen un episodio una o varias veces en sus vidas. Otras personas tienen una forma más fuerte y tienen varios episodios, algunos de los cuales requieren hospitalización. Es fundamental reconocer que, si bien las recaídas tienden a ocurrir, estas se consideran mejor "retrocesos" de los cuales se puede aprender mucho. Experimentar una recaída NO significa que la recuperación es imposible.

Si los individuos se han recuperado exitosamente de un episodio psicótico, ellos y sus seguidores a veces pueden ser reacios a hablar de recaídas potenciales porque prefieren pensar que no sucederá. También pueden tener un poco de miedo de hablar de recaídas porque podría hacer que sea más probable que pase – como un tipo de destino tentador. En su lugar, quieren poner el incidente "en el pasado". Aunque esta actitud es muy comprensible y común, la mayoría de las veces puede ser muy útil planear con anticipación para un problema, aun cuando todo el mundo espera que el plan nunca necesite ser utilizado.

Las recaídas son más probables que ocurran cuando las personas están bajo más estrés, dejar de tomar sus medicamentos, o el uso de alcohol o drogas.

Preguntas:

- ¿Ha notado algún cambio en la intensidad de los síntomas?
- Describir un momento en que los síntomas eran peores y un momento en que estaban más bajo control.

Reducción de las recaídas puede ayudar a las personas a hacerse cargo de su recuperación

- La prevención o la minimización de los períodos de aumento de los síntomas (o recaídas) es un aspecto crítico de la recuperación de la enfermedad.

Hay muchas cosas que se pueden hacer para prevenir o reducir las recaídas. Usted ya ha aprendido algunas estrategias importantes de reducción de recaídas en los folletos anteriores. Los miembros de la familia pueden:

- Aprender lo más posible acerca de la psicosis.
- Sea consciente de los síntomas específicos de la persona en FIRST.
- Sea consciente de cuándo ella o el este bajo estrés y apóyelos con estrategias para reducir o hacer frente al estrés.
- Apoyar la participación en el tratamiento
- Ayude a su familiar a construir apoyos sociales.
- Ayudar a su familiar a usar la medicación eficazmente.
- Establecer expectativas razonables en momentos de gran estrés.
- Mantenga los conflictos en la familia en niveles bajos.
- Otra estrategia que puede ser útil para reducir una recaída es identificar signos, síntomas y estresores que ocurrieron antes del primer episodio de psicosis de la persona, y luego hacer un plan a seguir si vuelven a ocurrir. Es importante recordar que la persona en FIRST experimenta fluctuaciones de humor, desea "tiempo solo", se siente irritable, etc. como todos los demás. No todo cambio observable es un signo de recaída. Encontrar un equilibrio entre ser consciente de las señales de advertencia y no sentirse demasiado ansioso de que una recaída está ocurriendo es difícil y tomará tiempo para aprender como una familia. Es importante que los miembros de la familia tomen nota de los cambios y supervisar estos cambios para que si una recaída está empezando, se pueda intervenir.

Pregunta:

- ¿Qué medidas ha tomado su familia para ayudar a prevenir o reducir las recaídas?

¿Cuáles son las señales de alerta temprana?

Incluso cuando la gente hace todo lo posible para evitarlo, sus síntomas pueden comenzar a regresar y pueden tener una recaída. Algunas recaídas pueden ocurrir durante periodos cortos de tiempo, como algunos días, con muy poca o ninguna advertencia. Sin embargo, las recaídas a menudo se desarrollan gradualmente durante períodos más largos de tiempo, como varias semanas.

Normalmente hay cambios en la experiencia interna de la persona y cambios en su comportamiento cuando comienza una recaída. Para algunas personas, los cambios pueden ser tan sutiles al principio que pueden no parecer dignos de darse cuenta. Para otros, los cambios son más pronunciados y angustiosos. Cuando las personas miran hacia atrás después de una recaída, a menudo se dan cuenta de que estos cambios tempranos, incluso los sutiles, eran signos de que estaban empezando a tener una recaída. Estos cambios se llaman "signos de advertencia temprana".

Los miembros de la familia pueden desempeñar un papel crítico para ayudar a identificar y monitorear las señales de alerta temprana.

Los signos típicos de alerta temprana que los miembros de la familia podrían notar en la persona en FIRST incluyen:

1. No dormir
2. Irritabilidad
3. Aislamiento social
4. Vestirse extrañamente
5. Declinación de la higiene personal
6. Hablar solo(a) más seguido
7. Sospecha más seguido

Aprender acerca de las señales de alerta temprana puede ayudarlo a predecir y evitar una recaída

Preguntas:

- ¿La persona en FIRST alguna vez ha experimentado alguna recaída de sus síntomas?
- Si lo hizo, ¿los miembros de la familia notaron cualquier signo temprano de las recaídas?

¿Cuáles son los eventos o situaciones comunes que pueden "desencadenar" recaídas?

Algunas personas pueden identificar ciertos eventos o situaciones que parecen haber llevado a recaídas en el pasado. Los eventos o situaciones que parecían contribuir a las recaídas pueden considerarse como "desencadenantes" de las recaídas.

El siguiente cuadro muestra algunos ejemplos de eventos comunes que pueden provocan la recaída. Por favor marque los ejemplos que reflejan una experiencia que la persona en FIRST tenía antes de experimentar una recaída de síntomas.

Lista de eventos comunes que pueden llevar a la recaida.

Descripciones personales de eventos que pueden provocar recaída.	**La persona en FIRST Experimentó algo como esto**
No tener suficiente descanso o sueño.	
Un aumento en el estrés (en casa, trabajo, escuela, etc).	
Beber alcohol o tomar drogas.	
Un cambio importante en su vida (por ejemplo, mudarse a un nuevo apartamento, comenzar la escuela).	
Argumentos o tensión con miembros de la familia, amigos o personas significativas (por ejemplo, novio o novia).	
Descontinuar cualquier medicamento recetado.	
Otro:	
Otro:	

- Una vez que haya identificado una situación que parecía que podía haber provocado una recaída en el pasado, es útil pensar en cómo podría tratarse de manera diferente si se produjera de nuevo en el futuro.

    - Por ejemplo, si un miembro de la familia notó que beber cerveza con sus amigos tiende a provocar un episodio para la persona en FIRST, él / ella podría ayudar a planear algunas actividades con amigos que no implican beber.

    - Si un miembro de la familia notó que estar bajo estrés tiende a provocar un episodio en la persona en FIRST, el miembro de la familia podría hablar con él / ella sobre el uso de una técnica de relajación específica, como la respiración profunda, la próxima vez que encuentre una situación estresante.

Preguntas:

- ¿Es capaz de identificar situaciones o eventos que provocaron recaídas pasadas?

- Si es así, ¿tiene alguna idea acerca de cómo se podría manejar la situación de manera diferente?

Aprendiendo acerca de los eventos que pueden provocar recaída.

Señales de alerta temprana experimentada por la persona en FIRST	Eventos que pueden provocar una recaída experimentado por la persona en FIRST	Cómo los miembros de la familia pudieron haber respondido de manera diferente

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algunos conocimientos o habilidades en práctica en el hogar, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Revise la tabla "Aprendiendo sobre eventos que pueden provocar recaída." en familia. Revise las estrategias para responder de manera diferente a esa situación.

2. Si la persona en FIRST no asistió a la sesión, pregunte a los miembros de la familia que ellos recuerdan como posibles eventos que pueden provocar recaída antes de la recaída de la persona en FIRST.

Reconocimiento de señales de alerta temprana

Las personas no siempre están conscientes que su comportamiento ha cambiado y están experimentando un signo de alerta de la recaída. Por ejemplo, alguien podría no darse cuenta de que él o ella se sienten inusualmente irritable. En su lugar, le puede parecer a él o ella que otras personas están siendo especialmente molestosos.

Amigos, miembros de la familia, compañeros de trabajo, profesionales de la salud y otras personas de apoyo a menudo notan cuando alguien parece diferente o está actuando fuera de carácter. Pueden ser aliados útiles en el reconocimiento de señales de alerta temprana.

Estrategias para ayudar a detectar signos de alerta temprana

- Los miembros de la familia, los amigos y los profesionales de la salud mental pueden ser "ojos y oídos adicionales" para notar los primeros signos de advertencia.
- Puede ser útil para los miembros de la familia aprender a identificar posibles signos de alerta temprana.
- Los miembros de la familia también pueden estar envueltos el Plan de Prevención de Recaídas de FIRST con la persona para ayudar a tomar medidas para evitar que las señales de alerta temprana se conviertan en recaídas.

¿Qué puede hacer si se da cuenta de una señal de alerta temprana?

Cuanto más rápido actúe sobre las señales de alerta temprana, más probable es que usted puede ayudar a evitar una recaída completa. Cuando las señales de advertencia tempranas se notan, aquí hay algunas cosas para comprobar sobre la persona en FIRST.

- ¿Ha aumentado el nivel de estrés? ¿Alguna responsabilidad nueva?
- ¿Está la persona usando técnicas de manejo del estrés?
- ¿La persona sigue involucrada en el tratamiento y asiste a citas y grupos?
- ¿Algún cambio en las dosis de medicamento o problema con la falta de dosis o la interrupción de la medicación?

- ¿Algún problema con el alcohol o las drogas?

- ¿Se debe contactar al personal de FIRST para obtener apoyo adicional?

A menudo, si los signos de advertencia se reconocen temprano, sólo una pequeña acción puede ser necesaria - tal vez sólo recordar a tomar medicamentos con regularidad o ver si hay una manera de reducir el estrés. A veces, por supuesto, puede ser necesaria una llamada al equipo de tratamiento para alertarles de la necesidad de una reevaluación del medicamento. Sin embargo, el objetivo general es responder rápida y eficazmente a reducir la necesidad de servicios de emergencia o hospitalización. Desarrollar un plan de prevención de recaídas ahora puede ayudar a que los signos de alerta temprana desaparezcan.

Desarrollar un plan de prevención de recaídas puede ayudar a todos en la familia a identificar pasos para obtener ayuda cuando hay signos de advertencia temprana.

Pregunta:

- ¿Ha habido un momento en que, como familia, ayudó a la persona en FIRST a evitar que las señales de alerta temprana se convirtieran en una recaída completa? Si es así, ¿qué hizo la familia y la persona en FIRST?

Echale un vistazo:

✓ Hable como familia sobre lo que ha aprendido hasta ahora sobre la prevención de recaídas. Pregunte a la persona en FIRST si los miembros de la familia podrían ayudar a ver las señales de alerta temprana. También determine con la persona en FIRST lo que él o ella quisiera que otros dijeran o hicieran si notaran señales de advertencia tempranas.

Señal de alerta temprana

- Es útil revisar los signos de alerta temprana con la persona en FIRST y otros miembros de la familia.

- Si los miembros de la familia reconocen las señales de alerta temprana, pueden informar a la persona en FIRST. ¿Cómo le gustaría a la persona de FIRST hablar sobre los signos de alerta temprana que alguien está observando? Los miembros de la familia también pueden preguntar qué pueden hacer para ser de ayuda.

- Estas son algunas estrategias que otras personas han utilizado una vez que notaron un signo de alerta temprana:
  - Hablar con un médico para encontrar algunas estrategias de afrontamiento para reducir el estrés
  - Hablar con los partidarios o un miembro de la familia sobre las señales de alerta temprana
  - Participar en actividades usuales como la iglesia o salir con amigos
  - Tomar la medicación según lo prescrito
  - Hablar con un amigo sobrio, asistir a una reunión de AA (o NA), o hablar con un médico si usted experimenta un aumento en el consumo de alcohol o el uso de sustancias

¿Qué es un plan de prevención de recaídas?

- Una parte clave de la prevención exitosa de la recaída es actuar rápido y cuidadosamente al primer signo de un brote de síntomas. Para hacer esto, las personas que tenían un episodio psicótico y sus familias suelen beneficiarse de desarrollar un plan de prevención de recaídas con anticipación.

- El objetivo general de este plan es responder a las señales de alerta temprano y eficazmente para minimizar la necesidad de hospitalización.

- Los planes de prevención de recaídas pueden modificarse con el tiempo. Es importante revisar este Plan de vez en cuando con la persona en FIRST y los miembros de la familia para que todos tengan la información más actual.

Un ejemplo de un plan de prevención de recaídas se presenta en la página siguiente.

Plan de prevención de recaídas

(Adaptado de Birchwood et al., 2000)

I. ¿Cuáles son las señales de advertencia que hay que vigilar (en el orden en que ocurrieron)?

1.
2.
3.
4.

¿Qué tipos de factores pueden provocar recaída o que estresores necesitan ser observados?

1.
2.
3.
4.

II. ¿Qué podemos hacer si suceden estas cosas?

Algunas estrategias de resistencia para usar si experimenta un signo de alerta temprana:

1.
2.
3.
4.

¿Quién puede ayudar a la persona en FIRST y qué pueden hacer?

1.
2.
3.
4.

¿A quién se debe contactar en caso de una emergencia?

	Nombre	Numero De Telefono
1.		
2.		
3.		
4.		

A continuación se presenta un ejemplo de un plan de prevención de recaídas

Ejemplo de Plan de Prevención de Recaídas de Marco

I. ¿Cuáles son las señales de advertencia que necesito estar pendiente (en el orden en que ocurrieron)?

1. Irritabilidad: las conversaciones tienden a convertirse en argumentos.
2. Disminución de la necesidad de dormir-no ir a la cama hasta las 3-4am.
3. Pensar que la gente no me gusta y siempre me estan mirando.

¿Con cuales tipos de factores que provocan recaída y estrés necesito tener cuidado?

1. Mayor consumo de alcohol: beber 3-4 cervezas diarias.
2. Aumento de estrés en la escuela-al final del semestre cuando tengo pruebas y papeles.
3. Conflicto con mis padres-discutiendo acerca de ir a clase todos los días.

II. ¿Qué puedo hacer si suceden estas cosas?

Algunas estrategias de afrontamiento que puedo usar si estoy experimentando un signo de advertencia temprana:

1. Si bebo más regularmente, puedo parar y llamar a mis amigos sobrios para pasar el rato.
2. Si me siento irritable, puedo dar un paseo por el barrio o llamar a mi amigo James para hablar de computadoras.
3. Si no duermo, puedo hacer ejercicio durante el día y decirle a mi médico.
4. Si tengo pensamientos que no le gusto a la gente, puedo comprobarlo con mi médico o mi papá.

Quién quisiera que me ayudara y qué me gustaría que hicieran:

1. Papá, para decirme que estoy irritable después de que me he calmado. Es útil que pueda hablar tranquilamente y despacio.
2. James podía hablarme de computadoras, dar un paseo o ir a la escalada conmigo.
3. Mi médico puede ayudarme a encontrar estrategias para hacer frente cuando siento que la gente me está mirando.
4. Mi médico puede ayudarme a determinar si necesito un cambio en mis medicamentos.

¿A quién me gustaría que contactaran en caso de una emergencia?

Nombre	Teléfono
1. Alberto Smith (mi padre)	(###) ### - ####
2. Sandy (mi médico)	(###) ### - ####
3. Dr. Martin (Psiquiatra)	(###) ### - ####

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algunos conocimientos o habilidades en la práctica en el hogar, para que puedan ver cómo funciona en su propia situación. Esta es una opción de práctica en el hogar que puede revisar ahora o al final de la sesión.

1. La familia puede trabajar junto con la persona en FIRST para desarrollar un Plan de Prevención de Recaídas.

Puntos de resumen: Sólo los hechos - Prevención de recaídas

- Los síntomas psiquiátricos tienden a variar con el tiempo. Cuando los síntomas se vuelven más graves, se llama una recaída.
- Las recaídas de psicosis tienen más probabilidades de ocurrir cuando las personas están más estresadas, dejan de tomar sus medicamentos o usan alcohol o drogas.
- Los signos de alerta temprana son los cambios sutiles en la experiencia y el comportamiento interno de una persona que indican que puede haber una recaída.
- Aprender acerca de las señales de alerta temprana puede ayudar a alguien a predecir y evitar una recaída.
- Puede ser útil identificar ciertas situaciones o experiencias (que provocan recaida) que condujeron al episodio inicial de síntomas psicóticos en el pasado a fin de evitar recaídas en el futuro.
- Desarrollar un plan de prevención de recaídas puede ayudar a identificar pasos para obtener ayuda cuando alguien en la familia nota signos de advertencia temprana.
- Los amigos, miembros de la familia, practicantes y otras personas de apoyo pueden ser útiles para desarrollar un Plan de Prevención de Recaídas y llevarlo a cabo.
- Los planes de prevención de recaídas pueden modificarse con el tiempo. Es importante revisar este Plan de vez en cuando con la persona en FIRST y los miembros de la familia para que todos tengan la información más actual.

SOLO LOS HECHOS - COLABORANDO CON PROFESIONALES DE LA SALUD MENTAL

Un objetivo clave del programa FIRST es ayudar a los miembros de la familia y amigos a trabajar más efectivamente con los profesionales de salud mental que cuidan a sus familiares en FIRST. En la mayoría de los casos, los resultados son mejores cuando la persona que ha tenido un primer episodio de psicosis, el equipo de tratamiento y los miembros de la familia trabajan juntos.

¿Qué implica una colaboración eficaz? La colaboración puede incluir compartir información, por ejemplo. La contribución a la planificación de los servicios puede ser otro componente. Cuanto antes empiece esta colaboración, mejor. Si las personas que han tenido un primer episodio de psicosis desean que la familia o amigos participen en el tratamiento, hay muchas oportunidades de trabajar juntos. Si los individuos se oponen a esta participación, la colaboración probablemente tomará más tiempo para desarrollarse de una manera confiada. Incluso si las personas que han tenido un primer episodio de psicosis se oponen totalmente a los miembros de su familia que interactúan con el personal de tratamiento, los miembros de la familia todavía pueden trabajar para educarse y mejorar sus propias habilidades de manejo del estrés. Estos esfuerzos aún deben conducir a mejores resultados.

- Una colaboración fuerte entre la persona con un primer episodio de psicosis, miembros de la familia y el equipo de tratamiento aumenta la probabilidad de una buena recuperación.

En este documento, se discutirán una serie de cuestiones críticas relacionadas con el fortalecimiento de esta asociación.

Aprender acerca de los tipos de servicios de salud mental

La mayoría de las comunidades se dividen en lo que se llama áreas de captación. Una agencia de salud mental específica, financiada al menos en parte por el gobierno, ofrece servicios en cada área. Como contribuyente, cualquier adulto tiene el derecho de contactar a estas agencias. Él o ella pueden preguntar acerca de qué servicios ofrecen y cómo ser elegibles. Normalmente, la agencia aparece en la guía telefónica en las páginas gubernamentales.

¿Qué es el manejo de casos?

Una pregunta clave es si la agencia apoya un sistema de gestión de casos. En el sistema de gestión de casos, un individuo o equipo de individuos asume la responsabilidad de supervisar a la persona con el cuidado de la psicosis. Este cuidado no se limita a la gestión de los síntomas de la persona con psicosis. También incluye proporcionar apoyo en cómo satisfacer necesidades básicas de vida, tales como vivienda o dinero. Un administrador de casos bien informado puede ser un excelente recurso para obtener información sobre servicios, cómo se les paga, etc. En FIRST, todos los miembros de la familia tienen la opción de recibir manejo de casos.

Las agencias difieren ampliamente en cómo definen el manejo de casos. Para algunos, el manejo de casos se define como reuniones intermitentes con la persona con psicosis y el administrador de casos en la oficina. Para otros, la administración de casos requiere un esfuerzo más "asertivo" por parte de un equipo integral de administración de casos. Ejemplos de manejo de casos más asertivo podrían incluir:

- Salir a buscar a la persona con psicosis si él o ella falta una cita de la medicación.
- Acompañar a la persona con psicosis a citas importantes en otras agencias, como la Oficina de Seguridad Social.
- Visitar a la persona con psicosis en su casa para hacer el check-in y ofrecer asistencia cuando sea necesario.

Muchos estudios han demostrado el valor de los servicios asertivos de gestión de casos. Pueden ser de vital importancia para reducir las tasas de recaída y mejorar el nivel de vida y la calidad de vida de las personas con enfermedades psiquiátricas graves.

Mejorar las relaciones con los profesionales de la salud mental

Organización de reuniones

Si la persona que experimentó un primer episodio psicótico está dispuesta, a menudo es útil para los miembros de la familia para reunirse con la persona y el profesional que tiene la responsabilidad principal de coordinar la atención de la persona. En una agencia pública, esto es probable que sea un trabajador social o administrador de casos. En un ambiente privado, esto es probable que sea el psiquiatra.

Los miembros de la familia pueden ofrecer mucha información importante en esta reunión, como por ejemplo:

- Responder preguntas que los profesionales tienen sobre episodios previos de la enfermedad y respuesta a medicamentos y otros tratamientos.

- Ingresar las respuestas acerca de los medicamentos (ya que la persona puede tener sólo una memoria limitada de estas respuestas) y los efectos secundarios.

- Desarrollar un plan de tratamiento.

Además, los miembros de la familia también pueden hacer preguntas sobre el fortalecimiento de la recuperación de su miembro de la familia con el episodio de psicosis. Por ejemplo, los miembros de la familia pueden preguntar acerca de nuevos desarrollos de tratamientos y la disponibilidad de servicios de crisis. Como en todos los tratos con los profesionales de la salud, la mejor estrategia de la familia es ser respetuosa, pero persistente, en la obtención de respuestas a sus preguntas! Recuerde, sin embargo, que nadie tiene todas las respuestas a la enfermedad mental. Los profesionales de la salud mental probablemente comparten frustraciones sobre el lento progreso y el éxito limitado también.

> En el programa FIRST, fomentamos reuniones frecuentes entre el individuo con la psicosis, sus familiares y el equipo de tratamiento.

Proporcionar información clave

A veces el individuo con la psicosis no quiere que su familia participe en el tratamiento. Sin embargo, los miembros de la familia creen que tienen información crítica para el cuidado de la persona. ¿Qué debe hacer un familiar preocupado? Una posibilidad es llamar a los profesionales para que transmitan información. En la mayoría de los estados, no hay ley o ley que prohíba a los profesionales escuchar la información que el miembro de la familia quiere proporcionar. Del mismo modo, el profesional generalmente puede responder preguntas generales sobre la enfermedad y su tratamiento.

Algunos profesionales se niegan a tomar una llamada telefónica. En una situación como esta, los miembros de la familia pueden tener que reconsiderar si la asociación es incluso posible. Es posible que deseen explorar otras opciones para proporcionar información. Por ejemplo, podrían escribir una carta al profesional describiendo la información importante. También podrían tratar de hablar con otro profesional de la salud que está trabajando con la persona con psicosis.

Las cuestiones de confidencialidad se tratan con más detalle en las siguientes páginas.

Preguntas:

- ¿De qué quieres hablar con el equipo FIRST? ¿Cómo se puede arreglar para hacerlo?

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algunos conocimientos o habilidades en práctica en el hogar, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

2. Haga una lista de cualquier preocupación que desee discutir con el equipo FIRST.
3. Traiga las preocupaciones a la próxima reunión con el PRIMER equipo.

Colaboración en una crisis

La colaboración en una crisis, cuando la ansiedad y la incertidumbre son altas, puede ser difícil. Una técnica útil es la preparación de una descripción de una o dos páginas de la historia de la persona y la respuesta previa a la medicación antes de que ocurra una situación de emergencia. Este resumen se puede actualizar según sea necesario. Se puede dar fácilmente a los trabajadores de crisis o enfermeras de sala de emergencia si surge la necesidad de una intervención rápida.

Otro paso crítico en la gestión de asuntos urgentes es desarrollar un plan estructurado de prevención de recaídas. Idealmente, este plan se desarrolla de antemano, y todos los miembros de la familia han accedido a ello. Este tema se discute más detalladamente en el folleto de Prevención de Recaídas FIRST.

Prepararse de antemano puede ayudar a la colaboración en una crisis a ir más suavemente.

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algunos conocimientos o habilidades en práctica en el hogar, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Reúna una descripción de dos páginas de la historia psiquiátrica de la persona en FIRST y su respuesta a la medicación.

Confidencialidad y divulgación de información

Leyes de confidencialidad

En este país, las leyes sobre confidencialidad protegen las interacciones con los profesionales de la salud mental. Estas leyes aseguran que las personas que buscan terapia son libres de revelar sus pensamientos y sentimientos más íntimos. No tienen que temer que sus pensamientos y sentimientos sean revelados a otros. Las únicas excepciones son una amenaza de peligro para la persona u otros, evidencia de abuso de niño, anciano, o discapacitado, o participación en demandas.

Las leyes de confidencialidad ayudan a desarrollar la confianza entre el clínico y la persona que busca tratamiento. Estas leyes se basan en la creencia de que la persona en tratamiento puede actuar en su mejor interés y puede tomar decisiones buenas sobre lo que es mejor para él / ella. Desafortunadamente, la psicosis a veces puede confundir el pensamiento de una persona. Puede limitar la capacidad de actuar en su propio interés. Por ejemplo, una persona con un trastorno psicótico puede decidir que ya no necesita tratamiento antes de que se haya recuperado. También puede que este sospechoso acerca de los miembros de su familia. A la luz de estos problemas, un plan de tratamiento óptimo para la persona se basa frecuentemente en el intercambio abierto de información relevante al inicio del tratamiento.

Este intercambio puede tener lugar entre el individuo con familiares y amigos de la psicosis y el equipo de tratamiento. La "información relevante" no significa que todos los pensamientos que la persona en FIRST o el miembro de la familia ha compartido, se refieren a circunstancias relacionadas con el manejo exitoso de la situación.

(HIPAA, por sus siglas en inglés) podría incluir temas como estrategias para fomentar la toma de medicamentos con regularidad, posibles brotes de síntomas, qué hacer en una emergencia, y el conocimiento y el apego a las recomendaciones de tratamiento.

Muchos lectores estarán familiarizados con las regulaciones HIPAA que están diseñadas para proteger la privacidad. Muchos profesionales de la salud mental están capacitados para enfatizar la protección de la confidencialidad en el tratamiento. Pueden ser reacios a comunicarse con familiares y amigos de la persona. Esta renuencia es consistente con las leyes que protegen la divulgación de la información del paciente. Sin embargo, estas preocupaciones sobre la confidencialidad a veces pueden impedir un tratamiento efectivo. Esto es especialmente el caso cuando una persona con psicosis no es capaz de actuar en su propio interés. En tal situación, la comunicación entre el equipo de tratamiento y los miembros de la familia puede ser vital.

Opciones de comunicación para los miembros de la familia

Los miembros de la familia tienen opciones para comunicarse con el equipo de tratamiento. En la mayoría de las circunstancias, la persona en tratamiento puede dar su consentimiento al equipo de tratamiento, compartiendo información de planificación de tratamiento crítico con un miembro de la familia o un ser querido. Muchas personas que han experimentado un episodio de psicosis ven el valor de tener familia u otros partidarios involucrados en su recuperación y firman con facilidad un formulario de consentimiento para este propósito.

A veces la persona en tratamiento es inicialmente reacia a tener un diálogo entre los miembros de la familia y el equipo de tratamiento. Sin embargo, sus familiares son una fuente importante de apoyo para la persona en tratamiento. Compartir información es un tema que puede ser revisado en un momento posterior para crear un arreglo más satisfactorio. En este tipo de situaciones, establecer el diálogo es realmente un proceso continuo en lugar de una actividad de una sola vez.

¿Qué pasa si la persona en tratamiento duda en tener un diálogo entre el equipo de tratamiento y la familia, pero los miembros de la familia tienen información importante para el equipo? En este caso, los miembros de la familia pueden pedir información a uno de los profesionales de salud mental del equipo. Esta información se puede proporcionar por teléfono o por carta. Tenga en cuenta que el profesional no sería capaz de revelar información clínica privilegiada a cambio. Al iniciar el contacto, los miembros de la familia podrían reconocer el dilema para el profesional. La clave es asegurar al profesional que el miembro de la familia sólo está proporcionando información. Él o ella no están tratando de obtener información protegida por las leyes de confidencialidad.

En el programa FIRST, el objetivo es el intercambio abierto de información entre la persona en FIRST, los miembros de la familia y el equipo de tratamiento con el fin de apoyar más eficazmente la recuperación.

Tipos de funciones profesionales

La mayoría de las personas que sufren psicosis son vistas por varios profesionales. Estos profesionales trabajan juntos en un equipo formal o informal. Los miembros del equipo tienen diferentes funciones.

Las personas en tratamiento para la psicosis por lo general tienen un psiquiatra u otro prescriptor de medicamentos que ven en una base regular. Típicamente, estas reuniones incluyen principalmente aclarar el diagnóstico, evaluar los síntomas actuales y prescribir o ajustar los medicamentos. Otros profesionales de la salud proporcionan la mayor parte de la asesoría adicional en curso y manejo de casos. Ejemplos de otros profesionales de la salud incluyen psicólogos, trabajadores sociales, administradores de casos y enfermeras. En FIRST, el equipo de tratamiento está compuesto por un líder de equipo, un clínico familiar (que también puede ser el líder del equipo), un consejero de IRT, un trabajador de educación / empleo con apoyo, un administrador de casos y un psiquiatra o enfermera practicante.

A menudo, los psiquiatras están programados para ver a los individuos por períodos muy breves. Pueden tener poco tiempo para devolver llamadas telefónicas o para reunirse con familiares. Los miembros de la familia pueden manejar este acceso limitado de varias maneras:

- Cultivar una relación con uno de los otros profesionales de la salud que trabajan en el equipo FIRST. Esta persona a veces puede "solucionar problemas" para las familias si hay preocupaciones específicas que quieren llamar la atención del equipo de tratamiento.

- Solicitar una reunión con la persona en tratamiento y el psiquiatra, acomodando cualquier programación que el psiquiatra pueda ofrecer.

Abogando por la persona en FIRST

La recuperación de la psicosis toma un esfuerzo coordinado entre la persona en FIRST, su familia, y los profesionales de salud mental implicados. En este folleto, y en otras

partes de nuestro programa, los miembros de la familia pueden darse cuenta de que su miembro de la familia podría beneficiarse de servicios que él o ella no está recibiendo actualmente. Desafortunadamente, los hombres con psicosis pueden no ser conscientes o incapaces de solicitar los servicios que necesitan. Aquí, otros miembros de la familia pueden desempeñar un papel crítico. Anime al miembro de la familia en FIRST a pedir lo que él o ella pueden necesitar. Los miembros de la familia también pueden abogar por esta necesidad. Consulte con el equipo de tratamiento, ya que comprender su pensamiento sobre lo que podría beneficiar a la persona en FIRST puede ser esencial para el desarrollo de un programa de recuperación fuerte. Recuerde, es la rueda chirriante que obtiene la grasa!

Lenguaje Que Los Trabajadores De La Salud Mental Utilizan

Familiarizarse con el lenguaje utilizado por los profesionales de la salud mental puede ayudar con la comunicación. Los no profesionales a menudo usan términos comunes como "escuchar voces" en lugar de "alucinaciones auditivas" o "emociones" en lugar de "afectar" o "pensamiento preocupante" en lugar de "ilusión". Sin embargo, los miembros de la familia de vez en cuando se encuentran con los términos utilizados por los profesionales de la salud mental que los confunde. Si un término parece desconcertante o confuso, ¡pregunte! Nadie debe ser tímido acerca de preguntar acerca de lo que significan los términos cuando se utilizan en la conversación con los profesionales.

Preguntas:

- ¿Está usted inseguro de alguno de los términos que el equipo FIRST ha utilizado en las conversaciones con usted?

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algún conocimiento o habilidad en práctica en casa, para que puedan ver cómo funciona en su propia situación. Estas son algunas opciones de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Mantenga una lista de términos que le gustaría definir y traerlo a la próxima reunión FIRST.

En el programa FIRST, el objetivo es el intercambio abierto de información entre el individuo que ha experimentado un episodio de psicosis, miembros de la familia y el equipo de tratamiento con el fin de apoyar más eficazmente la recuperación.

Puntos de resumen: Sólo los hechos - Colaboración con profesionales de la salud mental

- Una fuerte colaboración entre la persona con un primer episodio de psicosis, la familia y el equipo de tratamiento aumenta la probabilidad de recuperación.
- Las reuniones frecuentes entre el individuo con la psicosis, los miembros de la familia y el equipo de tratamiento pueden fortalecer la recuperación.
- Prepararse de antemano puede ayudar a que la colaboración en una crisis vaya más suavemente.

SÓLO LOS HECHOS - GUÍA DE LOS MIEMBROS DE LA FAMILIA PARA APOYAR LA RECUPERACIÓN DE LA PSICOSIS

Vivir con una enfermedad psiquiátrica seria, puede ser un reto. Ser un miembro de la familia de alguien que vive con una enfermedad psiquiátrica seria, también puede ser un reto. El potencial para una recaída y las preocupaciones sobre el futuro a menudo pueden pesar mucho en la mente de un miembro de la familia. Afortunadamente, una recaída es menos probable que ocurra si un miembro de la familia anima a una persona que ha tenido un episodio psicótico a:

- Tomar la medicación según lo prescrito
- Evitar el consumo de drogas y alcohol.
- Participar en un programa de rehabilitación y / o encontrar algo productivo que hacer
- Limitar la cantidad de estrés experimentado dentro de la familia.

Los altos niveles de tensión son comunes en muchas familias que están lidiando con un episodio psicótico

Los miembros de la familia pueden asumir un papel positivo en la gestión del estrés en la familia. La investigación realizada con las familias ha encontrado que un ambiente familiar positivo entre los miembros de la familia y una persona con psicosis desempeña un papel muy importante en la reducción al mínimo de la progresión de los síntomas. Al interactuar con una persona con una enfermedad psiquiátrica grave, los miembros de la familia a menudo se benefician de tratar de entender lo que está experimentando su miembro de la familia en FIRST, es decir, "tratar de ponerse en los zapatos de la persona". Una persona con una enfermedad psicótica debe hacer frente a los síntomas inquietantes, los efectos secundarios de la medicación prescrita, y el hecho de que él / ella tiene un problema psicológico. Estos factores pueden parecer desafíos angustiosos para la persona con psicosis y para aquellos que se preocupan por él o ella. Los niveles de tensión, ansiedad y confusión pueden ser altos tanto para la persona que ha experimentado un primer episodio de psicosis como para su familiar.

Los patrones críticos de comunicación son un problema

Una experiencia de psicosis puede ser devastadora. No es sorprendente que los seres queridos de la persona con la psicosis frecuentemente se sientan irritables o "al borde". A veces, el estrés provoca que el miembro de la familia induzca a la persona que ha experimentado el primer episodio de psicosis para tratar de controlar las cosas. La crítica en las familias es normal. Sin embargo, estos tipos de patrones de comunicación se han relacionado con mayores tasas de recaída. La crítica si se hace por el bien de la persona que está experimentando psicosis, a menudo tiene un mal efecto. La indicación repetida, la corrección y la localización de fallas pueden conducir a un aumento de los síntomas. Los miembros de la familia pueden ser más conscientes de los comportamientos que dirigen hacia los individuos con un primer episodio de psicosis y tratar de reducir la incitación ineficaz o la crítica. El miembro de la familia puede ser consciente de los niveles de la crítica, el regaño y la incitación dentro de la familia y tratar de limitar la intensidad y la frecuencia con la que se producen. Si los miembros de la familia se enfocan en reducir estos comportamientos, el nivel de estrés debería disminuir. Una forma de trabajar para reducir las críticas es centrarse en exaltar los cambios positivos deseados, no importa cuán pequeños puedan parecer.

Centrarse en lo positivo en lugar de lo negativo siempre que sea possible.

Pregunta:

- ¿Cuáles son las dos cosas que los miembros de la familia pueden alabar a la persona en FIRST?

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algún conocimiento o habilidad en práctica en casa, para que puedan ver cómo funciona en su propia situación. Esta es una opción de práctica en casa para este folleto que puede revisar ahora o al final de la sesión

1. Asegúrese de que los miembros de la familia exalten a la persona en FIRST al menos una vez al día la semana que viene acerca de algo positivo que está haciendo.

El comportamiento extremadamente autocumplidor puede crear dificultades

Muchos miembros de la familia están inclinados a ser más vigilantes en el cuidado de un miembro de la familia con psicosis. Los miembros de la familia pueden ser reacios a dejar a la persona sin supervisión y pueden reducir el trabajo o las actividades sociales con el fin de aumentar el tiempo que están disponibles para ayudar a la persona que experimenta la psicosis. Sin embargo, las personas que han tenido un episodio de la psicosis es muy sensible a la presión externa. Ellos pueden encontrar esta supervisión adicional estresante. Incluso puede crear culpa en la persona con psicosis, que ve a su miembro de la familia rechazar oportunidades positivas sociales, laborales o de diversión en su nombre. La investigación demuestra que este comportamiento auto-sacrificado puede tener el impacto no deseado de contribuir a un empeoramiento de los síntomas. En resumen, los miembros de la familia necesitan estar seguros de que continúan con su vida, a pesar de que la persona en FIRST todavía se está recuperando.

Los miembros de la familia necesitan estar seguros de que continúan desarrollando sus propias vidas.

Pregunta:

- ¿Qué es una actividad, tal vez un hobby, que los miembros de la familia han dejado ir, pero les gustaría pasar más tiempo?

Está claro que la persona que ha experimentado un episodio psicótico puede reducir la frecuencia de recaídas tomando su medicación según lo prescrito y evitando el uso de drogas y alcohol. La forma en que los miembros de la familia interactúan con la persona con psicosis también puede afectar las recaídas. Si los miembros de la familia minimizan la crítica, hostilidad y auto-sacrificio que exhiben, pueden ayudar en la reducción del estrés dentro de la familia. La frecuencia de la recaída debe reducirse, y el resultado de la persona en FIRST se mejorará. A medida que la persona en FIRST mejora, esto también tendrá un impacto positivo en el resto de la familia también!

Dos buenos lemas:

1. **No se preocupe por las cosas pequeñas!**
2. **Elija sus batallas sabiamente!**

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algún conocimiento o habilidad en práctica en la casa, para que puedan ver cómo funciona en su propia situación. Esta es una opción de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Trate de hacer una actividad divertida solo para usted esta semana.

Resumen de puntos: Sólo los hechos - Guía de los miembros de la familia para apoyar la recuperación de la psicosis

- Los miembros de la familia pueden ser influencias críticas en la recuperación de la psicosis.
- El conflicto en las familias puede aumentar el estrés, lo que puede empeorar los síntomas.
- Prestar atención a lo positivo ayuda a aumentar el apoyo.
- Los miembros de la familia deben estar seguros de que cuidan de sí mismos y se divierten también.

SOLO LOS HECHOS - HECHOS BÁSICOS ACERCA DEL ALCOHOL Y LAS DROGAS

El consumo de alcohol y drogas son comportamientos comunes en los que muchas personas participan. Las personas que han tenido un episodio psicótico reciente son muy sensibles a los efectos de las sustancias; Incluso pequeñas cantidades de alcohol o drogas pueden desencadenar síntomas o interferir con el funcionamiento. Este módulo se centra en el uso de sustancias y la psicosis. Si el uso de sustancias ha sido un problema para la persona en FIRST, queremos que sepa que muchas personas con psicosis y problemas de uso de sustancias han sido capaces de reducir y dejar de usar sustancias, tomando el control de sus vidas y su recuperación.

Pregunta:

- ¿Los miembros de la familia piensan que la persona en FIRST ha estado usando alcohol o drogas en los últimos dos meses? ¿Qué te hace pensar eso? ¿Qué tal antes de su episodio psicótico?

Información sobre sustancias comúnmente usadas

El consumo de alcohol y drogas es un comportamiento humano común que se remonta a miles de años. Por ejemplo, beber una cerveza, un vaso de vino, o una bebida mixta es común en la sociedad moderna. Del mismo modo, también es común el uso de drogas como la marihuana, la cocaína, o el éxtasis para sentirse enérgico o relajado. Estos tipos de sustancias pueden hacer que la gente se sienta bien, pero también pueden causar problemas más graves o adicionales para las personas que han experimentado psicosis. Este folleto cubre las sustancias de uso común y sus efectos. También explora las razones para el uso de sustancias.

Sustancias comúnmente usadas y sus efectos

Es útil entender lo que la gente suele experimentar cuando usan alcohol y drogas. La siguiente tabla muestra ejemplos de los efectos positivos y negativos del alcohol y las drogas.

<u>Sustancias comúnmente usadas y sus efectos</u>

Tipo de sustancia	Ejemplos	Efectos Positivos	Efectos Negativos
Alcohol	Cerveza, vino, ginebra, whisky, vodka, tequila	-Relajación -Humor más liviano	- Reacción tardía, cansancio - Comportamiento vergonzoso
Cannabis	Marihuana, hash, THC	-Relajación - Sensación "alta" o "con nota"	-Reducción del tiempo de reacción y coordinación Sentirse desmotivado -Sensación de cansancio -Paranoia Aumento de ansiedad o pánico
Estimulantes	Cocaína (polvo / crack), anfetaminas (metformina cristalina), Dexedrina, Ritalina, Adderall, efedrina	- Sentirse alerta, enérgico -Euforia	- Mayor ansiedad -Paranoia y psicosis -Insomnio -nervios
Alucinógenos	Éxtasis, LSD, peyote, mescalina	-Incremento de experiencias sensoriales -Sentimiento de bienestar	-"Viajes malos" Síntomas psicóticos
Opiáceos	Heroína, Morfina, Vicodina, Demerol, opio, Oxycontin	-Sentimiento de bienestar positivo -Relajación -Menos sensibilidad al dolor	-Somnolencia -Altamente adictivo Riesgo de sobredosis

Otras sustancias comúnmente usadas y sus efectos

Tipo de sustancia	Ejemplos	Efectos Positivos	Efectos negativos
Inhalantes	Pegamento, aerosoles, pintura	-Sensación "alta" o "con nota"	- Desorientación -Toxico / daño cerebral
Medicamentos de venta sin receta	Jarabe para la tos, antihistamínicos y compuestos relacionados (como Benadryl y otros comprimidos fríos)	- Sensación "alta" o "con nota" -Sedación	-Somnolencia
Cafeína	Café, bebidas energéticas, un poco de té, algunos refrescos	-Sentirse alerta	-Sentirse nervioso -Interferencia con el sueño
Nicotina	Fumar, masticar tabaco	-Sentirse alerta -Se siente bien	-Problemas de salud, como enfisema, cáncer de pulmón, garganta o boca
Benzodiazepinas (medicamentos anti-ansiedad)	Valium, Xanax, Klonopin, Ativan	-Reduce la ansiedad -Relajación	- "ansiedad de rebote" cuando la medicación se desgasta -Perdida de coordinación -Sentidos desordenados

Preguntas:

- ¿Cuál de las sustancias ha intentado la persona en FIRST? ¿Cualquier cosa que él / ella haya probado (como medicamentos de venta sin receta o preparaciones de hierbas) que no está en la lista?

- ¿Alguno de los miembros de la familia de la persona en FIRST ha notado los efectos (positivos o negativos) de las sustancias que la persona ha intentado?

¿Por qué la gente usa el alcohol y las drogas?

Hay muchas razones por las que las personas usan sustancias. A continuación se describen algunas de las razones más comunes.

Razones comunes para usar

1. Socializar

El uso de sustancias con otras personas puede hacer que usted se sienta como "uno de la multitud." Puede hacer que sea más fácil conocer gente, sentirse cómodo con la gente, o simplemente darle algo que hacer con amigos para divertirse o pasar el rato. Usar con amigos también puede ser una forma de volver a conectar con personas con las que no has estado en contacto por un tiempo. La gente suele usar sustancias juntas en fiestas, celebraciones o fiestas.

2. Para divertirse

El alcohol o las drogas pueden hacer que la gente se sienta bien y combatir el aburrimiento en sus vidas. Algunas sustancias pueden hacer que la gente se sienta “con nota”, relajada y suave. Otros pueden hacer que la gente se sienta alerta, enérgica y llena de vida.

3. Mejorar el estado de ánimo

Las personas pueden usar sustancias para contrarrestar los efectos de sentirse mal. El alcohol y las drogas pueden proporcionar alivio temporal de sentirse deprimido, ansioso o enojado, aunque también puede contribuir a los sentimientos negativos. Por ejemplo, es común que las personas se sientan mal por sí mismas por ser improductivas si están pasando mucho tiempo colgadas.

4. Para hacer frente a los síntomas

Algunas personas usan alcohol y drogas para hacer frente a los síntomas. El alcohol y las drogas pueden aliviar temporalmente el oír voces o tener otras alucinaciones. El uso de sustancias puede reducir el pensamiento paranoide o preocupaciones de que otras personas le estén mirando, hablen de usted o sepan lo que están pensando. Algunas sustancias pueden aumentar la concentración, lo que puede ayudar cuando la atención de uno vaga fácilmente. El uso de sustancias para hacer frente a los síntomas puede proporcionar algún alivio temporal, pero también puede empeorar el problema en el largo plazo.

5. Para ayudar con el sueño

El alcohol y las drogas pueden hacer que sea más fácil llegar a dormir. Sin embargo, el sueño es a menudo menos relajante y puede sentirse atontado por la mañana.

6. Para evitar otros problemas
Las personas también pueden usar sustancias como una forma de distraerse de sus problemas. Por ejemplo, la gente puede usar alcohol o drogas para distraerse de problemas con el trabajo o la escuela o cuando están teniendo conflictos con otros, cuando están solos, o porque son infelices consigo mismos.

Para estas personas, el uso de sustancias puede proporcionar un escape temporal de una variedad de problemas de la vida.

7. Se convierte en parte de una rutina diaria

Algunas personas utilizan sustancias porque se convierte en parte de su rutina diaria y les da algo que hacer. Todo el mundo necesita tener cosas que les importan y esperamos hacer, y para algunas personas esto incluye el uso de alcohol o drogas. Para estas personas, usar alcohol o drogas es algo más que un hábito; Es parte de su estilo de vida y una parte importante de cómo viven cada día.

8. Persiguiendo a los "tiempos viejos buenos"

Las personas que han tenido un episodio psicótico a veces reanudan el consumo de alcohol o drogas, a menudo con sus amigos, después de que sus síntomas están bajo control porque quieren experimentar el mismo placer y disfrute que antes tenían de usar sustancias. Esto puede funcionar por un tiempo, pero la gente encuentra a menudo que son más sensibles a los efectos de sustancias después de su episodio y que los efectos no son tan agradables como antes.

Pregunta:

- ¿La persona en FIRST ha usado sustancias por cualquiera de las razones descritas arriba?

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algún conocimiento o habilidad en práctica en casa, para que puedan ver cómo funciona en su propia situación. Esta es una opción de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Los miembros de la familia pueden considerar preguntar a la persona en PRIMERO lo que él ve como la ventaja y desventaja del consumo de sustancias en este momento de su vida. Mantenga la calma durante la conversación. Realmente tratar de ver el mundo a través de sus ojos-no es necesario cambiar su mente en este momento.

Uso de Sustancias y Psicosis

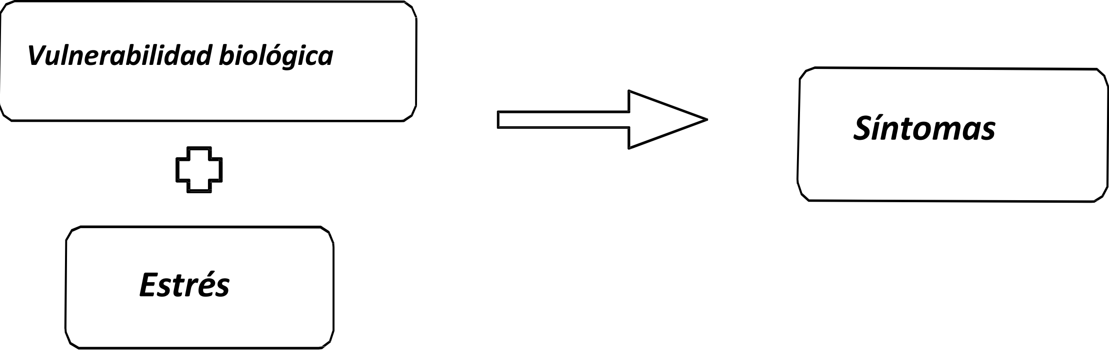
El uso de alcohol y drogas es común. Sin embargo, el uso de sustancias también puede causar problemas. Las personas que han experimentado un episodio psicótico recientemente son especialmente sensibles a los efectos de las sustancias.

Revisitando el modelo de estrés-vulnerabilidad

El alcohol y las drogas pueden desencadenar síntomas y recaídas de psicosis. El modelo de vulnerabilidad al estrés de la psicosis ayuda a explicar por qué el uso de pequeñas cantidades de sustancias puede empeorar los síntomas y provocar recaídas y hospitalizaciones.

La siguiente figura resume el modelo de vulnerabilidad al estrés, que también se explica aquí.

Modelo de vulnerabilidad de estrés



Los síntomas de la psicosis son causados por factores biológicos (o vulnerabilidades).

- Estos factores y síntomas biológicos pueden empeorar por:
  - Alcohol y drogas
  - Estrés

- Estos factores y síntomas biológicos pueden mejorarse:
  - Tomar medicamentos
  - Aprender estrategias eficaces para hacer frente al estrés y los síntomas
  - Buen apoyo social
  - Participar en actividades significativas, como el trabajo o la escuela
  - Evitar el consumo de alcohol y drogas

- El alcohol y las drogas pueden afectar directamente los factores biológicos en el cerebro (sustancias químicas del cerebro o neurotransmisores) que causan psicosis, empeorando los síntomas.

- El uso de sustancias puede interferir con los efectos protectores de la medicación en la reducción de los síntomas y la prevención de recaídas, lo que provoca peores síntomas y más recaídas.

- El uso de sustancias puede aumentar el estrés por tener consecuencias negativas o por interrumpir los factores protectores del individuo (por ejemplo, pérdida de apoyo social debido a discusiones sobre el uso, interferencia con una actividad diaria estructurada, falta de trabajo o escuela).

La psicosis hace que la gente sea muy sensible al alcohol y los efectos de las drogas. Una persona puede no estar bebiendo más alcohol o usar más drogas, pero cualquier uso para alguien con una enfermedad psicótica puede hacerle ansioso o sospechoso o hacer que las voces empeoren. Incluso una cerveza puede causar que algunas personas con un primer episodio de psicosis tengan un problema, incluso si nunca lo hicieron en el pasado.

Pregunta:

- ¿La persona en FIRST parecía tener algún cambio en la sensibilidad al alcohol o drogas desde que experimentó un episodio psicótico, como ser más sospechoso después de una sola cerveza?

Otros problemas relacionados con el consumo de alcohol y drogas

Además de aumentar los síntomas y causar recaídas, el consumo de drogas y alcohol puede conducir a otros problemas, entre ellos los siguientes:

- **Interferencia con el trabajo o la escuela**

El uso de sustancias puede interponerse con el trabajo o la escuela. Es posible que las personas tengan dificultades para concentrarse en el trabajo o en la escuela o cumplir con todo su potencial. Pueden llegar tarde, perder trabajo / escuela porque se levantaron tarde la noche anterior, o puede parecer que no les importa las cosas que antes les importaban.

- **Problemas sociales**

El uso de sustancias a menudo causa conflictos con otras personas, especialmente con miembros de la familia o amigos. Los miembros de la familia pueden estar preocupados por el uso de alcohol o drogas por parte de un ser querido, y esto puede llevar a discusiones y tensiones en la familia. Las sustancias pueden hacer que la gente sea menos predecible y más difícil de llevarse bien. Por ejemplo:

- Actuar con más irritabilidad o temperamento que de costumbre.
- No volver a casa cuando se espera.
- No cumplir con las responsabilidades, tales como tareas domésticas, cocinar o limpiar.
- No estar tan involucrado en la vida de sus amigos, como no devolver llamadas, no mantenerse al día con la comunicación, o cancelar planes.

Preguntas:

- ¿Los miembros de la familia le dijeron a la persona en FIRST que estaban preocupados por su uso de sustancias?
- ¿El uso de sustancias ha conducido a discusiones o conflictos en su familia?
- Las sustancias también pueden causar problemas relacionados con las personas con quienes se usa. Por ejemplo: Ser impulsivo al usar y hacer cosas que son embarazosas o tener problemas, como causar una perturbación, entrar en peleas o tener relaciones sexuales con alguien que la persona no conoce bien.
- Ser aprovechado por otras personas, ya sea sexual o económicamente. Las personas pueden actuar como si fueran amigos, pero sólo porque alguien tiene algo que quieren, como el dinero o el uso de un apartamento.

- **Problemas de vida diaria**

Las personas no pueden cuidar de sí mismas cuando están usando sustancias. Es posible que no se duchan, cepillen los dientes, o mantenga su apariencia como lo harían normalmente. No pueden comer bien o cuidar su habitación, apartamento o casa.

- **Problemas legales**

El uso de sustancias puede causar problemas legales. Por ejemplo, conducir bajo la influencia de alcohol o drogas es contra la ley y puede resultar en consecuencias severas. Las personas pueden ser arrestadas por actuar de manera agresiva o desordenada o por poseer drogas ilegales.

- **Problemas de seguridad**

Las personas pueden usar sustancias en situaciones inseguras, como manejar bajo la influencia, ir a vecindarios peligrosos para comprar drogas, o salir con gente que puede tomar ventaja de ellos o dañarlos. El uso de sustancias también puede hacer más fácil entrar en accidentes, como accidentes automovilísticos o tropezar y caerse.

- **Problemas para alcanzar los objetivos**

El uso de alcohol o drogas puede interponerse en el camino de personas que logran sus metas personales. Puede ser difícil determinar si la psicosis o el uso de sustancias han interferido con una persona que logre sus metas porque los dos problemas pueden interactuar entre sí.

- **Problemas de salud**

Las sustancias pueden causar una variedad de problemas de salud, tanto a corto como a largo plazo. Los problemas de salud a corto plazo incluyen aumento o pérdida de peso, problemas digestivos, trastornos del apetito y problemas del sueño.

El consumo prolongado de alcohol puede producir muchos problemas, incluyendo problemas hepáticos como la cirrosis. Sustancias como la cocaína, la heroína y las anfetaminas pueden resultar en enfermedades infecciosas transmitidas por la sangre como la hepatitis C y el virus VIH. Estas son enfermedades transmitidas por la sangre que pueden propagarse a través de la exposición a la sangre de una persona infectada, como por ejemplo compartiendo agujas (inyectables) o pitillo o sorbetos (para oler) para usar estas drogas.

Las personas también pueden dejar de atender las enfermedades crónicas, como la diabetes, o mantenerse al día con los comportamientos protectores de la salud como el ejercicio porque están usando drogas.

- **Dependencia psicológica**

El uso frecuente de alcohol o drogas puede conducir a la dependencia psicológica, tales como:

  - Pasar mucho tiempo usando sustancias
  - Renunciar a actividades importantes para poder utilizer
  - Uso de más de lo previsto
  - Intentar parar sin éxito

- **Dependencia física**

El uso frecuente de sustancias también puede conducir al desarrollo de tolerancia, de modo que la persona necesita tomar mayores cantidades para obtener el mismo efecto que solían obtener. Otro signo de dependencia física está experimentando síntomas de abstinencia si deja de usar, como sentirse inestable o náuseas.

Pregunta:

- ¿La persona en FIRST ha desarrollado alguno de estos problemas antes mencionados debido al uso de sustancias?

Consejos para ayudar con el uso de sustancias de una persona

El uso de sustancias es común en personas con psicosis y puede tomar algún tiempo para que la persona que usa las sustancias reconozca que hay un problema. Hay cosas que los miembros de la familia pueden hacer para ayudar a la situación. Estos son algunos consejos:

- Continuar usando buenas destrezas de comunicación acerca de estar preocupado; Inducir y regañar sobre el uso de sustancias tiende a empeorar.
  - Por ejemplo, puede decir: "Me preocupa que recaiga cuando tomes más de una cerveza. ¿Hay algo que pueda hacer para ayudar? "En lugar de" Tienes que dejar de beber. ¿No recuerdas lo que dijo el doctor?

- Proporcionar elogios para cambios positivos (por ejemplo, evitar amigos que consumen sustancias, incluso pasar unos días sin usarlo), no importa cuán pequeño sea.

- No aporte ningún dinero que su persona en FIRST pueda estar usando para sustancias.

- Dése un buen ejemplo - no use sustancias en exceso.
- Dar un mensaje claro, firme y consistente acerca de por qué le preocupa lo que su persona en FIRST está haciendo lo que podría interferir con su recuperación.

Opciones para practicar en la casa

Entre las sesiones, la mayoría de las personas de nuestro programa encuentran útil intentar poner algún conocimiento o habilidad en práctica en casa, para que puedan ver cómo funciona en su propia situación. Esta es una opción de práctica en casa para este folleto que puede revisar ahora o al final de la sesión.

1. Decidir cuál de los consejos mencionados los miembros de la familia va a utilizar en la semana siguiente e intentarlos.

Puntos de resumen: Sólo los hechos básicos sobre el alcohol y las drogas

- Muchas personas con un primer episodio de psicosis usan sustancias.
- Las razones comunes para las personas que están experimentando (o han experimentado) un primer episodio de psicosis pueden estar utilizando sustancias para socializar, divertirse, hacer frente a los síntomas y manejar el aburrimiento.
- Las personas con psicosis son especialmente sensibles a los efectos del uso de sustancias, por lo que sólo un poco puede empeorar la situación.
- Los miembros de la familia pueden ayudar a sus seres queridos con un primer episodio de psicosis a comenzar a reducir o eliminar el uso.
- Reducir o eliminar el uso de sustancias puede tomar mucho tiempo en el primer episodio de psicosis, pero es posible.