NAVIGATE Family Education Program (FEP)

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Clinician Manual

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NAVIGATE Program for First Episode Psychosis
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NAVIGATE Psychopharmacological Treatment Manual

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Introduction

Please Read First:
NAVIGATE is a comprehensive intervention program for people who have experienced 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 recovery. More broadly, the NAVIGATE program helps consumers navigate the road to recovery from an episode of psychosis, including supporting efforts to function well at home, on the job, at school, and in the social world. The NAVIGATE program includes four different treatments, each of which has a manual: NAVIGATE Psychopharmacological Treatment Manual*, Supported Employment and Education, Individual Resiliency Training (IRT), and Family Education. There is also a Team Members' Guide that describes the overall NAVIGATE structure and how team members work together, and a manual for the Director of the NAVIGATE team.*

The manual you are reading now describes the NAVIGATE Family Education Program and how to implement it.

Relatives 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 relative's response, the family clinician always has two objectives in every interaction—1) to reduce relative burden and 2) help the relatives build on their strengths to create and maintain an environment to support the client's recovery. To meet these objectives, the family clinician must help the relatives cultivate the necessary knowledge base, attitudes, and skills to cope effectively with the situation and support the client's progress; this is the work of the family services component of the NAVIGATE program.

Philosophical Foundation of Family Work In NAVIGATE

Why Involve Families In Care?

A first psychotic episode (FPE) can have a devastating impact on families, but clients who maintain relationships with their relatives 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 relatives' ability to support the recovery of the client 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 client. Nevertheless, it is important to recognize that, in many of such cases, the relative still has an impact on the client whether or not the family clinician develops a relationship with him or her. Thus, developing an alliance between the treatment team and the relative is often in the client's best interest as it can be used to improve their relationship, and the ability of the relative to support the client's participation in treatment.

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 client and his/her relatives the opportunity to learn more about what is needed to secure stability.

Clients and their relatives are encouraged to remain in the NAVIGATE program. As soon as possible after a discharge from a relapse/hospitalization, the clinician and family (including the client) should meet to process the relapse. The clinician should inquire into how everyone is coping and be sympathetic and supportive; each participant 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 participants 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 participants 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 clients and relatives move through NAVIGATE, 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 NAVIGATE team and times when it is disappointed. Regardless of how the family feels, it is critical that the NAVIGATE 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 individuals 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 they or a loved one has a psychotic illness. Similarly, mental health professionals who have been

working with more chronic clients 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 deinstitutionalization that others before them did. 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 client 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 then 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 NAVIGATE family perspective, it is critical that the clinician work to identify strengths in both relatives and clients and work to shore them up. For example, one first episode psychosis client 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 client 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 client'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 client could succeed—snowboarding, working out, games on the computer—because these were interests and strengths in which the client had skills. The clinician encouraged the relatives to do the same and explained the rationale. Over time, the client 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 Participant's Eyes"

As with all clinical work, the strongest relationships are created when participants 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 participants. 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 relatives 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 participant'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 clients and clinicians consider likelihood of outcomes and client 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 client also has a wide array of knowledge regarding his/her preferences, attitudes, beliefs, and history. Both the clinician and the client 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 client to follow the recommendation.

Shared-decision making offers a different framework for clinicians and clients working together. Here, the clinician can recommend treatments, and even the likelihood that they will work based on research, but the client 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 clients 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 client and his/her relative to do it. In the shared-decision making model, the clinician would raise the issue of family work with the client 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 client would then have some options. The client 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 client would typically agree to revisit the topic in the future to see if the client'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 NAVIGATE program. While the program has many components, it will be up to the individuals in NAVIGATE to make decisions about which components to try, and when with members of the NAVIGATE team. If the client 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 relatives, as well as 2) helping relatives be involved in the decision-making process when appropriate as their preferences, knowledge, and history can also be critical in some treatment decisions.

The Importance of Active Engagement

As will become clear below, the formal initiation of family work in NAVIGATE begins with engagement and orientation sessions. However, both the client and the relatives may not be aware initially of the potential benefits of working together with the treatment team, or may be hesitant to become involved with the NAVIGATE program, perhaps due to other role demands, their own mental health issues, or practical constraints with time or transportation. It is imperative that the NAVIGATE family clinician be prepared for initial reluctance on either the client's or relatives' part when the family component of the NAVIGATE program is first presented. This reluctance may make it difficult even to establish an initial engagement meeting with the relatives. In such a case, the family clinician has a number of options. First, the family clinician can join IRT sessions occasionally, especially when family relevant topics are being discussed (e.g. the relapse prevention plan) to encourage the client to reconsider involving his/her family in care. Second, the family clinician can look for opportunities for casual contact with relatives—saying hello in the waiting room or making them aware of community or facility services that might be useful to them—to shore up the relationship and keep lines of communication open. Third, with the client's consent, the family clinician can have an initial home visit with the client and relatives to help discuss the utility of family work in recovery from psychosis. Fourth, some facilities find it useful to set up occasional social activities—picnics, holiday parties, open houses—for participants of the program (clients and relatives) and these can provide an opportunity for participants to become acquainted with the staff and perhaps more open to ongoing involvement. Finally, the family clinician should maintain an open attitude and remind him/herself that engagement is often a *process.* As the situation evolves

(e.g., the client has an exacerbation, family status changes, or the client develops a stronger relationship with the NAVIGATE team), either the client or the relatives may be willing to become involved and be available for engagement sessions. The overriding principle is in the family program that the family clinician needs to be open, flexible, and make repeated attempts to establish relationships with the client and relatives.

Logistics for NAVIGATE Family Work

In many ways, the guidelines of family work mirror those of traditional individual work—respecting the client, 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 individuals, 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 participants without feeling cramped. As the family confronts new challenges, they may have need for more frequent contact, though much of this may be by phone.

Finally, issues regarding consent for sharing of information need to be addressed in advance. Typically, *prior* to beginning family work, an agency will have a client sign a consent form for sharing of information for the relatives who participate in the program for its duration. Family clinicians should work closely with the NAVIGATE team and/or their colleagues at the agency to resolve any logistical issues, since they can "make or break" a successful intervention program.

Flexibility in Defining the Members of the Support Network

It is important to remember that families come in all kinds of constellations and it is up to the client to define who the important "family" is for them. For most FPE clients, 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 client should be queried at the beginning about who should attend family sessions as his/her supporters; if the client 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 relatives identified to participate in the program will also serve as an important support person in the other parts of the NAVIGATE program.

What to Do When the Client or Relative Refuses Family Involvement

One of the benefits of working with FPE clients 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 clients and relatives can maximize the likelihood that they will agree to work together. However, it sometimes happens that clients refuse to have their relatives involved in their care, or relatives 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 client is paranoid about a relative 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 client improves, in the hopes that at some point the client will change his/her mind. These requests will be echoed in the IRT work, which includes asking the client to practice strategies and skills with supporters in the community. If the relative refuses, the family clinician can ask the client 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 relatives—through letters, messages, or conversations—though of course he/she cannot disclose any specific information about the client without consent.

Clients May Not Attend Family Sessions

Ideally, relatives and clients will attend the family educational meetings together. However, sometimes the client will agree to his/her relatives getting support, but will not want to attend sessions. Although it is usually preferable to have the client and his or her relatives receive educational information at the same time, since much of the educational material can be covered in Individual Resiliency Training (IRT), and the client may have other responsibilities, such as school or work, this reluctance is understandable. The relatives should be assured that the family work can continue and that the client can review much of the same material in IRT. However, it is optimal to negotiate with the client that he/she attends occasional family meetings where his/her input would be vital—such as when developing the relapse prevention plan. Most clients will agree to this intermittent participation. They are relieved that someone is helping their relatives more regularly but they can avoid most session conflict and friction. Even if the client attends the family education sessions regularly, the client may benefit from reviewing and processing the information independently in IRT sessions after attending joint sessions. In some instances, the client 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 the participants. For the majority of clients and families, the work described in the manual will be sufficient to stabilize the client 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 client’s progress. This might include, for example, psychiatric illness in another family member, long-standing conflict between the parents of a client, 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 an FPE, both the client and the relatives 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 participants to stay calm, reminding participants of the role of stress in making symptoms worse, suggesting participants take a break and get a drink of water or take a few deep breaths before continuing, and briefly separating participants 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 Relative 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 FPE. Many NAMI programs draw relatives of more chronic clients, and their concerns are often vastly different from those of first episode psychosis relatives. The family clinician must be familiar with the local NAMI groups to know if there is a core of FEP relatives who attend and with whom new referrals can become acquainted. Often, FEP relatives 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 are skewed more to relatives of chronic clients.

Working as Part of the NAVIGATE Team

The NAVIGATE 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 client’s social network that no one else does. Also, the family clinician can encourage family members to be involved in other aspects of the client’s care, such as the Supported Employment and Education (SEE) program that is also part of the NAVIGATE program.

Most of the client’s work in NAVIGATE is conducted as part of IRT. However, whenever possible, we recommend the bulk of the educational work be done with

clients and families in weekly family sessions. In the overall structure of NAVIGATE, this typically means that, after the engagement into the whole program and an initial family education orientation meeting, the client 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 client and relatives together. As time and circumstances dictate, the client will also be working with the IRT clinician, but this work may be slowed a bit if the client 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 client 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 NAVIGATE family program and it is important to use the client and relative 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 client 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, relatives 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 client and relatives can be invaluable. The objective is to make the participants feel valued, by assuring that they have a chance to share their attitudes, opinions, and preferences. Methods of making the participants 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 participants’ names as they are being addressed, informing participants that the family clinician has been thinking about them between sessions, and showing interest in participants’ 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 client'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 individuals 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. Individuals during this phase 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 individuals 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 (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, you are strongly encouraged to consider all NAVIGATE clients as being "high risk" and to regularly monitor their clients 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/reduced supervision
- Treatment non-adherence
- Environmental stress/conflict (e.g., family conflict or criticism)

The NAIVIGATE team should be mindful of the above risk factors, and identify clients who may be at increased risk of suicide. On the NAVIGATE team, the Prescriber routinely assesses for suicidal ideation. Family members may also bring information about their relative's suicidal thinking to their family clinician on the NAVIGATE 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 clients express active suicidal ideation, hospitalization may be required. If clients express 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 clients must be communicated immediately to the rest of the NAVIGATE team**. If a client is actively suicidal and other healthcare providers are unavailable, a member of the NAVIGATE 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 client's chart: all risk assessment and safety plans, all supervision and consultative contacts, all contacts with outside providers, current disposition of client, and any other action taken on behalf of the client.

Involving Supporters in Other NAVIGATE Care

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

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

If multiple family members attend the sessions, they may have different opinions about many of the topics discussed in NAVIGATE—including the cause of the disorder, the value of medication, and whether substance use make symptoms worse, for

example. Even after the clinician presents the educational material here, the participants 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. For example, we worked with one relative who had a strong religious background and believed that faith would cure her daughter of psychosis. The daughter did not share the belief and repeatedly pointed out how much better she felt on medication. The mother was not to be dispelled of this belief, however, in spite of the daughter’s opinion. As we recommend in NAVIGATE family work, the clinician asked if there was a possible compromise available and used the “Compromise and Negotiation” Handout from the *Behavioral Family Therapy for Serious Psychiatric Disorders* (Mueser & Glynn) appendix. This involves inviting each person to state their opinion, restate the other person’s opinion, and suggest a compromise. In this case, the compromise was that the daughter would keep taking the medication, but not try to change the mother’s beliefs. Compromise and negotiation are good ways to handle differences in NAVIGATE sessions, as is, in the end “agreeing to disagree” respectfully if all else fails.

Techniques in NAVIGATE

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 client 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 NAVIGATE treatment team. To solidify this relationship, team members should be generous with their praise for any positive changes participants 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 (client)”. 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 NAVIGATE family clinicians is motivational enhancement, which includes techniques to increase the client’s commitment, both to his/her recovery and treatment.

I. Motivational Interviewing

Motivational interviewing (Miller & Rollnick, 2002) is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. It can be used for many clinical problems throughout NAVIGATE; the session intervention described here is designed to help clients 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 clients to move to a greater commitment to having their relatives 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 client 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 client 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 client's belief in the possibility of change is an important motivator.
- The client's family's belief in the person's 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 client's statements, guessing feelings, moving to a deeper level of feelings (amplified reflective listening)
- Summarize what the client has said

The goal of the family clinician is to establish a collaborative relationship with the client, 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 client 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 clients:

- 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 client deciding if he/she is willing to join NAVIGATE. The family clinician might start with a statement such as:

- *"So, I know you have been thinking about joining the NAVIGATE 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 NAVIGATE 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 clients 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 restatements of client's input. This technique both assures clients that they have been heard, and helps clarify the specifics of the client's comprehension of the situation.

II. Decisional Balance

This task involves identifying reasons for the client to commit to treatment. The client is asked to complete the modified decisional balance form (see Appendix). Here, the client, with coaching from the family clinician, lists positive and negative consequences of committing to mental health treatment on the "Considering Joining" NAVIGATE Decisional Balance sheet. The client 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 NAVIGATE program. Let's look at this form where we can list your reasons. What would be all the good points of joining NAVIGATE?"* (fills out form)

- *"What would be the negatives of joining NAVIGATE?"* (fills out form)

- *"Ok, now I would like you to go back and circle the most important reasons to joining NAVIGATE and the most important reasons not to join NAVIGATE. Which reasons really count?"*

Considering Joining NAVIGATE Decisional Balance

Potential Good things from joining NAVIGATE (e.g., might feel better, might get help with goals, relatives might feel calmer if they know the doctor, might be able to manage medication better, reduce risk of relapse)	**Potential Bad Things from Joining NAVIGATE** (e.g., might risk privacy, might feel too controlled, might have to take medication, do not need help right now)

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

- *"So, you are saying the main good point of joining NAVIGATE 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?"*

While the example here is about joining NAVIGATE, 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 NAVIGATE interactions.

Overview of the NAVIGATE Family Program

In the NAVIGATE program, family work is conceptualized as having four phases—1) engagement, orientation, and assessment, 2) stabilization and facilitating recovery, 3) consolidating gains, and 4) prolonged recovery (Addington, Collins et al. 2005). The *engagement*, *orientation and assessment phase* involves meeting with clients and their relatives to explain about the family work in NAVIGATE in more detail and to conduct assessments with family members to identify their strengths, concerns, and illness knowledge level. The *stabilization and facilitating recovery phase* includes 10-12 sessions of psychoeducation and beginning work on the development of family and client coping skills. *Consolidating gains* involves ongoing contact with the treatment team through monthly check-ins and targeted work on specific problems utilizing a family consultation model on an "as needed" basis. If families are having particular difficulties, they can also be offered Modified Intensive Skills Training (MIST), which is a version of a communication and problem-solving skills program called Behavioral Family Therapy. *Prolonged recovery* prepares the family either for the transition of treatment services back to either a primary care practitioner or Psychiatrist when recovery has been substantive and does not require the client's continued involvement in the NAVIGATE program. An evaluation of the gains made by the client and family is conducted, and a mutual understanding of the patients' needs, and how they will be addressed, is made.

Engagement, Orientation, and Assessment Phase

The overarching goal of the orientation and assessment phase is to engage family members in NAVIGATE and to have an individual meeting with each participant to obtain his/her point of view of the family situation and understanding of psychosis. Using motivational enhancement techniques, first episode psychosis clients are empowered to commit to their care and facilitate family and treatment team collaboration. The engagement, orientation and assessment phase typically involves two joint meetings with all interested family members and one individual meeting with each participant scheduled over a few weeks; the shorter duration the better, but with some very ambivalent or symptomatic clients, a longer period of engagement or extra sessions may be required. The first joint meeting involves an introduction to the whole NAVIGATE program and a determination if participants wish to continue. The second joint meeting involves 1) an orientation to the NAVIGATE family education program, 2) covering some housekeeping aspects (e.g. consents for treatment, mandating reporting, etc.), 3) reviewing tips to help distressed persons in NAVIGATE, 4) distribution of a recovery story, and 5) scheduling or conducting family assessments. 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 of NAVIGATE in this binder.

It is important to recognize that relatives 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 range of responses. Some relatives will have had positive relationships with the mental health treatment team as they seek treatment for the client, others may be very disappointed with the level of services available to their ill relative and be either angry or disengaged, some will be struggling with so many other pressing issues in their lives (e.g., financial hardship, physical or psychiatric illness in him/herself or other family members, etc.) that it may be difficult for them to prioritize assisting the client. The family clinician must be able to adapt to all of these circumstances, with the goal of trying to solidify the collaboration among the client, the family, and the treatment team to lay the ground work for the subsequent recovery work.

The family clinician should utilize frequent summaries and restatements of participant's input. This technique both assures participants that they have been heard, and helps clarify the specifics of the participant's 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 participants 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 client, 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.

Treatment Planning for the Stabilization and Facilitating Recovery Phase

At this point, the family clinician will have a great deal of information about the client and his/her relatives. Prior to beginning the educational sessions in phase 2, the family clinician consolidates the information learned so far, with a special eye to 1) beginning treatment planning to address problems the family has identified for which it needs help; 2) considering ways the family's belief system about psychiatric illness may beneficially influence how the educational materials are delivered; 3) articulating family strengths that can be incorporated into the client's recovery plan; and 4) beginning to identify families who may need a higher level of ongoing support and skills training subsequent to the educational sessions. Signs that a more intensive course of family work aimed at improving communication and problem solving skills may be necessary include: 1) the client not making progress towards goals; 2) high levels of conflict in family; or 3) the relative frequently initiating contact with the clinic with many concerns about treatment and/or the client. Consistent problems in these areas would merit a referral to the more intensive MIST (Modified Intensive Skills Training) program.

Stabilization and Facilitating Recovery Phase--Family Education about Psychosis

Until recently, many professionals provided minimal information to first episode psychosis clients 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 clients 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 clients are capable of learning more about their mental illness as one step in their recoveries. Furthermore, educating clients 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 Episode Family Education

There are several fundamental principles of family education 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.

1. The Importance of Legitimizing the Psychiatric Disorder

The symptoms of most nonpsychiatric disorders (e.g., coughing, angina, fever) are easily recognized as being due to physiological problems that are beyond the client'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 client's voluntary control. One reason why relatives often believe clients have 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 not allowed to interfere much with day-to-day functioning. These experiences can lead to a false impression that psychiatric clients could recover from their problems if only they tried hard enough.

The goal of legitimizing the client's psychiatric disorder is achieved chiefly 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 client 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.

2. 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 the educational discussions. At a minimum, they should know more about the disorder than the participants 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 participants but they should know how to find the answers to these questions through resources such as other professionals, books, or journals. 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 participants.

3. 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 the client is in the NAVIGATE program, the family clinician must be comfortable with diagnostic and prognosis uncertainty. Some clients 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 NAVIGATE program. Thus, the treatment team needs to model (and have) hope, while being honest about issues on which there is uncertainty. Clients and 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 client continues in NAVIGATE, another diagnosis is confirmed, that is an opportunity to revisit the issue with the client and the family and provide additional information as warranted.

4. Information is Presented in an Honest, Direct Manner

Family clinicians sometimes feel uncomfortable when talking with a client and his/her relatives about the client'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 clients and relatives will face. Nobody likes to be the bearer of bad news. An understandable response of some professionals is to "protect" these participants from what they perceive to be potentially upsetting information about the client's condition. This occurs particularly in first episode psychosis, when there may still be some doubt about the accuracy of the client's diagnosis and the client and relatives may seem overwhelmed and/or fragile.

The common, but erroneous, assumption is that clients and relatives will be shocked and dismayed to learn the client has a specific psychiatric disorder. The opposite is often true. Participants frequently express gratitude to professionals who are direct in educating them about their disorder, even when it is a serious one. A vital principle of education is that the family clinician always strives to provide participants directly and honestly with the most accurate facts available about the disorder, while never deliberately withholding information. Through direct communication about the client's disorder, the family clinician creates a supportive and collaborative working relationship with the whole family that will endure throughout the course of therapy.

5. Avoid Making Assumptions about Participants' Beliefs

Clients and relatives come to the experience of a psychosis with a whole life history learning about psychiatric illness through the media, their social networks, and (possibly) personal experiences. The family clinician can have no way in advance of knowing what beliefs participants are bringing to the 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 participants. Rather, he/she should always ask questions to discern how the participants understand topics prior to presenting the materials outlined below, and may have to tailor discussions to accommodate unusual beliefs. This is why conducting an initial assessment with each family member is so vital.

6. 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 client's experiences with the disorder as well as the family's experience of the disorder through observation and interaction with the client. The family clinician must probe the participants 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 participants throughout the sessions regarding the information presented and the pace of the presentation. As well, the family clinician should ask questions to elicit the participants' understanding of the material that has been presented. By adopting an interactive approach to education, the family clinician is able to evaluate the participants' 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 participants with information, resulting in boredom and disengagement.

Formant of Educational Sessions in NAVIGATE

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 participants should cover 8 topics—typically one per session, although some topics may benefit from more than one session. There is an optional 9th topic, "Basic Facts about Alcohol and Drugs" which is used if a client has a past or current substance use problem. The eight basic topics are:

- Facts about Psychosis
- Facts about Medication
- Facts about Coping with Stress
- Facts about Developing Resilience
- Relapse Prevention Planning
- Developing a Collaboration with Mental Health Professionals
- Effective Communication
- A Relative's Guide to Supporting Recovery from Psychosis

Session Format

All the educational sessions follow an agenda based on curriculum that has been prepared in advance, with the pace of teaching tailored to the individual needs of the client and relatives. The agenda involves:

- Greeting participants
- Setting the session agenda
- Asking about urgent issues
- Inquiring about client status (meds, IRT, symptoms)
- Following up on out-of-session assignments
- Introducing new topics
- Developing an out-of-session assignment (if appropriate)
- Deferred problem-solving

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 as to cover the curriculum as planned, while soliciting the experiences and understanding of

participants, their comments and questions, 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 participants comprehend how the information applies to them. Handouts are given to each participant, 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 participants 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 participant has learned and in which areas the client 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 the use of educational handouts in sessions devoted to teaching clients and families about a psychiatric disorder. One strategy is for the family clinician to give an educational handout to each participant 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 participant has good reading skills. A second method if for the family clinician to give the participants 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 participants.

Each topic has a handout for participants and a clinical guideline handout that directs the family director/clinician to key points in the relevant handout. *Whenever you give resources to families, 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 therapist should assure that all materials for the sessions are available—session materials (manual and *Clinical Guidelines* for the family clinician and a copy of the appropriate handouts for each participant), paper and pens/pencils, markers if a white board is being used. In addition, 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 participants 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, clients with substance use difficulties may improve up 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 consultation and monthly-check-ins, it is important to routinely check in briefly about the client'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 relative starts complaining about how "lazy" or "unmotivated" a person in NAVIGATE is, it may be a good time to review the initial "Just the Facts-Psychosis" hand-out to highlight the impact of negative symptoms.

Education with Symptomatic Clients

Three kinds of client circumstances can make education especially challenging—when clients are too symptomatic to participate effectively in sessions, when clients are very withdrawn and uncommunicative, and/or when they deny then have an illness. These situations are quite common in the early phases of first episode psychosis.

In terms of managing participants who have a hard time participating because they are still agitated or confused, a number of strategies can be employed. Session length can be abbreviated, frequent (but simple) questions can be directed to the client to keep them on course, the family clinician can sit next to the client to orient him or her to what is on the board or written materials, and clients can be given permission to leave the session early or take a brief break if they wish. In the most severe cases, the initiation of the course of educational sessions can be deferred for a few weeks to see if the client becomes more able to concentrate.

It can also be challenging to work with clients who are very withdrawn and appear 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 client out and get his/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 client so eye contact can be good may also help facilitate conversation. The director/clinician should direct occasional questions or comments to the client, and then be prepared for a period of silence while the client organizes his/her thoughts to

respond. It is sometimes tempting for the clinician or another family member to “fill in the gap” rather than wait for the person in NAVIGATE to speak, but it is very important to provide enough space and time that for the client to provide his/her input on the topic at hand. Sometimes clients 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 client to take his/her time, or asking how others might answer the question. The goal here is to give the client the chance to begin to speak his/her own mind, even if it is hard, and to model ways the relatives can do this at home.

Some clients, 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 these clients of their specific diagnosis as this often only agitates them and erodes the therapeutic alliance. Instead, the family clinician has three options:

1. Many clients will acknowledge they are having “problems,” “difficulties,” or “emotional problems” even if they deny they have psychosis. In such cases, the family clinician can just mirror this language when talking about the specific client’s experience and talk more generally about “people who have had psychosis” when conducting the education or using the handouts. If the client reiterates he/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 client is insistent he/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 client seems more open to them.

3. The client may agree to education for the family but decline to attend. Here, the family clinician proceeds with the material as planned and has an “open door” policy for the client.

Treatment Planning and the Consolidating Gains Phase

At this point, the family clinician will have a great deal of information about the client and his/her relatives, including the client’s progress on goals and level of program participation, client and family strengths, levels of family conflict, and issues that may interfere with ongoing recovery. Prior to beginning the “Consolidating Gains” phase 3, the family clinician integrates the information learned so far with two objectives 1) treatment planning to address problems the family has identified for which they need

help—services may be provided by the family clinician or other members of the team as appropriative and 2) developing a recommended treatment plan for subsequent family work.

Many families will only need a modest level of services from this point, which would typically include monthly contact ("monthly check-ins") with the treatment team (in person or phone), invitations to the every 6 month treatment team meetings, and "as needed" consultation meetings as problems arise. However, a subset of families will likely benefit from more intensive work, such as modified behavioral family therapy (such as Modified Intensive Skills Training, or MIST, offered as part of the family program) or a referral for some other kind of services for a serious family problem (e.g. depression in a relative, domestic violence not related to symptoms). Indicators of a need for a more intensive level of services include 1) client not making progress on goals; 2) high levels of conflict in family; and 3) relative initiating frequent contact with clinic with many concerns about treatment and/or client. In considering whether to recommend a more intensive family program for these families, the family clinician should also take into account 1) their attendance and motivation during the educational sessions and 2) whether the indicators for a need for intensive services reflects an illness management problem or another problem which might be handled through another resource. If the problem seems illness related and the family has been attending sessions, then a recommendation for a course of modified behavioral family therapy is made. If the problem seems more related to a non-illness issue, the family can be referred to other resources for appropriate assistance.

Consolidating Gains Phase

By this point in the NAVIGATE program, the client will have been working with the treatment team for about four months, and the family clinician will have had time to learn which of the relapse risk factors are impinging on the client, and which protective factors are in place. The client is typically now participating in the IRT program and the situation is beginning to stabilize. At this point, the primary family work goals are to 1) incorporate knowledge into every day practice, 2) support the client's participation in the IRT program, 3) monitor relapse risk, and 4) develop realistic expectations for the client's short–term functioning. The family clinician will be learning of the client's progress through the IRT program staff, as well as having informal contact with the client, and will be making ongoing assessments on how well these objectives are being met.

If the situation is stable, the client is progressing and engaged in treatment, family conflict is moderate to low, and the relatives do not seem highly stressed, the family is offered a moderately intensive family intervention with the following components, which are discussed more fully below:

1. Formal monthly contact (monthly check-ins) with the family clinician, either through clinic meetings or planned phone calls; typically these sessions are face-to-face during the first year of participation in NAVIGATE, and then they

can be moved to phone contact for the length of the client's participation in the NAVIGATE program;

2. Invitations to the treatment team review meetings every 6 months for the client throughout the client's participation in the NAVIGATE program;

3. Encouragement to act as natural support persons for clients as they move through IRT;

4. Brief focused family consultation on an as needed basis throughout length of the client's participation in the NAVIGATE program.

If the situation is unstable, the client is not progressing and/or not engaged in treatment, and/or family conflict is high, the family clinician can recommend a course of modified behavioral family therapy, as described in Mueser and Glynn (Mueser and Glynn 1999).[1] The treatment includes five phases—(engagement, assessment, education, communication skills training, and problem-solving instruction). In NAVIGATE, the treatment is referred to as Modified Intensive Skills Training (MIST) and requires approximately six months, as some of the behavioral family therapy material overlaps with prior family work (e.g., engagement, education). Families offered the behavioral family therapy will also be invited to the treatment team meetings held every six months, concurrent with the behavioral family therapy, and will be offered family consultation meetings and discharge planning as discussed in the prolonged recovery phase after termination of the behavioral family therapy.

Monthly Check-Ins with the Family

It is critical for the client, relatives, 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 faring. It is preferable for the meetings to be held face-to-face during the first year, with both the relatives and the client participating; however, it is preferable to have the meeting on the phone rather than missing it for a month. After the first year, if the client is doing well, phone check-ins may suffice. Participants should be called two days in advance to remind them of the face-to-face meetings. Typical monthly contact meetings would last for 45 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 clients progress through NAVIGATE, discharge to other treatment is a typical outcome and keeps the long-term focus on moving towards the client and family being as fully integrated into the "non-mental-health" community as possible.

[1] As behavioral family therapy is fully manualized in the Mueser and Glynn text, it will not be included in this manual, but instead the Mueser and Glynn text will be used as a supplement when needed.

Invitations to Join Every 6 Month Treatment Team Meetings

Every NAVIGATE client has a full treatment team progress review every 6 months. Both the client and relatives are invited to be part of the meeting, provided the client has consented to family involvement in care. The family clinician invites the family to attend during the family meeting prior to the team meeting, and endeavors to schedule the meetings at a time convenient for the family. He/she follows up with a reminder phone call two days before the meeting.

Encouragement to Act as Supporter for the Client's Participation in IRT

Generalization of skills is a critical element of the IRT program and one method to promote generalization is to have persons in the client's natural social network be available to practice skills and support their use in the client's everyday life. Relatives can be excellent support persons for the IRT program and the family clinician looks for opportunities to encourage their involvement whenever possible.

Brief Focused Family Consultation

During the consolidating gains phase of the NAVIGATE family program, most of the contact between the relatives and the family clinician will occur during the monthly check-in meetings. While many problems/issues can be resolved during these sessions, some problems may require more extended effort to address successfully. Examples of these kinds of issues might include 1) managing an incident of aggression in the home; 2) client's ongoing problems with substance use; or 3) helping the client 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 client and relatives about how to address the issue. These should not be conceptualized as traditional "family therapy" sessions as the family clinician is serving primarily as a consultant and resource to the family. Typically one to three 45 minute sessions are scheduled over a month's time, with both the family clinician and family members' assigned specified homework between sessions to progress on the problem. Families can access multiple courses of family consultation during their participation in the NAVIGATE family program on an as needed basis. They can either request the consultation or a member of the treatment team can suggest it might be useful.

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 the NAVIGATE family program, we often use this strategy as the foundation of family consultations. Two strategies are available to the clinician—problem-solving or 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 using the consultation handout that is part of the NAVIGATE family materials. Using these steps had been shown to increase the likelihood that successful solutions will be found. The structured approach to solving problems in NAVIGATE follows six steps. The clinician works with family members and focuses on one step at a time.

The six steps are as follows:

- Discuss the problem or goal.
- Brainstorm at least three possible solutions.
- Briefly evaluate each solution.
- Choose the best solution.
- Plan the implementation.
- Review the implementation at the next consultation meeting; 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 NAVIGATE 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 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 the plan at a later time. Everyone in the consultation should help give ideas for the decisional balance. 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.

Content for the consultation can be structured using the consultation handout in the NAVIGATE Family binder.

Treatment Planning for the Prolonged Recovery Phase of Family Work in NAVIGATE

Clients often stay in the consolidating gains phase until a plan is made for their discharge from NAVIGATE, based on their overall level of improvement. This referral will typically be either to regular clinic care, to other community resources, or to the client’s choice of physician (general or Psychiatrist). Some participants will have improved sufficiently to longer need specialty mental health care. A discharge plan is developed with the treatment team, client and family and then details reviewed in at least two consecutive meetings in the prolonged recovery phase.

Prolonged Recovery

Clients may be involved in NAVIGATE for a number of years, and the family will continue with monthly check-ins, invitations to treatment team meetings, and the availability of consultation during this period; typically, after the first year, most family contacts will be by phone, but the option for face-to-face meetings remains. A critical aspect of NAVIGATE is information sharing (with appropriate consents) among the client, relatives, and treatment team, all with an eye to supporting the client's recovery and reducing the family's burden. Many clients will make sufficient improvements in NAVIGATE and will transition out of the program at some point. The timing and transition will be a result of shared decision-making among all the relevant participants. At the point of transition, the family clinician plans at least two conjoint sessions with the client and relatives. The goals of these sessions are to review progress made in the program, review and refine the discharge plan, and to make referrals to any additional resources needed by the family. These sessions can replace the monthly meetings.

Treatment Planning Between the Two Discharge Planning Sessions

The family clinician reports to the team about any issues that arose as part of the first meeting and investigates referrals for any resources requested by the family.

Family Education Contact Sheets and Fidelity

Each session should be documented using the family education contact sheet (see Appendix). The purpose of the contact sheet is to help family clinicians and supervisors keep track of the participant's progress in treatment and the kinds of interventions that are provided (motivational, educational, or cognitive-behavioral), and whether or not the participants are completing home practice assignments. On site-supervisors may also find it useful to listen to tapes of the family sessions and provide feedback to clinicians on their adherence to the treatment model.

There is a fidelity scale available for the intervention, which supervisors and trainers may use to provide feedback (see appendix). The fidelity ratings cover the key ingredients of family work utilizing a 5 point scale from 1 = unsatisfactory to 5 = excellent. Ratings are based on listening to session audiotapes. The purpose of monitoring fidelity is to measure the extent to which family clinicians are implementing the treatment as intended by the model and to provide family clinicians with ongoing feedback about the implementation of the family work with clients. Feedback from listening to the family sessions and measuring fidelity can be used during supervision to help clinicians stay faithful to the model. The feedback also can help family clinicians assess weaknesses and strengths that can be addressed during supervision leading to better client outcomes.

Organization of the NAVIGATE Family Manual

After this introduction, this manual is organized by section, with most sections beginning with *Clinical Guidelines* for the clinician and participant handouts suitable for the section. The *Clinical Guidelines* outline the goals of the sessions, the content, and strategies for troubleshooting implementation challenges, while the handouts are used to convey the critical information in educational and consultation sessions. There are no specific participant handouts for the monthly follow-up meetings, the work in MIST, or the discharge meetings, but there is text in the manual to guide these sessions.

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Clinical Guidelines for the Family Engagement, Orientation, and Assessment Phase

Clinical Guidelines for the Family Engagement Phase

Goals

1. **1.** Help participants feel comfortable with the NAVIGATE Team approach and staff.
2. **2.** Explain the components of NAVIGATE.
3. **3.** Answer any participant questions.
4. **4.** Schedule the first NAVIGATE family education orientation/assessment meeting.

Handout

1. Family Introduction to the NAVIGATE Program

SESSION STRUCTURE:

- Informal socializing and introductions
- Introduce NAVIGATE program—explain philosophy and components
- Answer any questions
- Problem solve participation obstacles
- Introduce participants to NAVIGATE staff
- Set time and date for next meeting

GENERAL INTERVENTION STRATEGIES:

- The primary goal of this phase is to make participants 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 participants have said.

- 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.

- 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. Relatives (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 members' strengths and 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 mins) 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 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 NAVIGATE Program handout; summarize each point on each sheet and ask if participants have questions.

- Give each person a copy to take home.

Clinical Guidelines for the Family Orientation and Assessment Phase

Goals

1. Explain the format of the family education component of NAVIGATE
2. Collect any consents needed for treatment and including relatives in sessions.
3. Review issues about mandated reporting.
4. Review the Tip Sheet for Helping Persons in NAVIGATE
5. Give participants the "Sam's Story" handout
6. Elicit information on the participants' understanding of symptoms, causes, course, medications, and the impact of stress on the client's life.
7. Schedule the first NAVIGATE educational meeting.

Handouts

1. Family Education Orientation Sheet
2. Tip Sheet for Helping Persons in NAVIGATE who are Experiencing High Levels of Distress
3. Any necessary consent forms from your agency
4. Sam's Story handout
5. Staff contact info and emergency phone numbers (this handout should be written by the NAVIGATE team and copied for participants)
6. NAVIGATE Family Member Interview (copy one per person and plan to schedule individual interview times)

SESSION STRUCTURE:

- Informal socializing and introductions
- Introduce the Family Education portion of the NAVIGATE program
- Problem solve participation obstacles
- Review guidelines on confidentiality and mandated reporting
- Review Tip sheet

- Conduct assessment or schedule for it—more than one session may be necessary if there are multiple relative participants (some clients and their relatives can do interviews the same time as the orientation; most will need additional times set up for this purpose)

- Give participants a copy of “Sam’s Story” to read either for homework or while waiting for assessments

- Set time and date for next meeting

GENERAL INTERVENTION STRATEGIES:

- The primary goal of this phase is to help participants understand the NAVIGATE Family education program 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 participants have said.

- 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.

- When there are multiple participants, 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. Relatives (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 members’ strengths and 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 mins) 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 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; summarize each point on each sheet and ask if participants have questions.
- Give each person a copy to take home.
- Conduct an individual interview with each family member, including client, using the Family Member Interview form; be flexible in scheduling.
- Give participants a copy of "Sam's Story"; they can read it while they are waiting for an assessment or before the next session.
- Provide participants with staff contact information and emergency phone number (note that this should be prepared in advance by the NAVIGATE team).

Clinical Guidelines for the Orientation to Family Education

Providing information to families and other supporters so they can assist in recovery from psychosis is a critical aspect of NAVIGATE. All participants should be encouraged to involve their family members and/or other supporters in NAVIGATE. Approximately half of the participants in NAVIGATE are likely to participate in joint educational sessions with their relatives and supporters. Some of the other half of the NAVIGATE participants will agree to their relatives' participating in educational sessions, but will not attend the sessions. These clients 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 the Just the Facts" handout and then move to the first specific topic "Just the Facts-Psychosis"

Goals

1. Elicit information on the participants' understanding of symptoms, causes, course, medications, and the impact of stress on the client'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. Imbue hope.
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-Just the Facts

Introductory Handout: "Introduction to Just the Facts Sessions"

1. Psychosis
2. Medications for Psychosis
3. Coping with Stress
4. Strategies to Build Resilience
5. Relapse Prevention Planning
6. Developing Collaboration with Mental Health Professionals
7. Effective Communication
8. A Relative's Guide to Supporting Recovery from Psychosis
9. Optional—Basic Facts about Alcohol and Drugs

* Each Handout takes at least one session to complete. There is a separate clinical guideline for each handout.

Bring to every NAVIGATE session

- A copy of all the educational hand-outs so you can review if a topic comes up unexpectedly
- A copy of the completed relapse prevention sheet (once it is completed)
- 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:

- Informal socializing and identification of any major problems.
- Set the agenda.
- Review the previous session. Use the questions at the end of each clinical guideline at the beginning of the next session to be sure the material was clear.
- Discuss/review the home practice assignment. Praise all efforts and problem-solve obstacles to completing home practice.
- Teach new material (or review materials from a previous session if necessary). Take advantage of opportunities to role play and practice skills.
- Summarize progress made in the current session.
- Agree on home practice to be completed before the next session (Consider writing it down to help participants remember). Problem solve any perceived obstacles—"What could get in the way? How will you deal with that?"

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 reciprocally 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. Relatives (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 members' strengths and 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 mins) 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 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:

- 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 few months. Briefly review the contents.

- When using the review questions, introduce them as a way to tell if you have been clear but NOT 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 prior session.

- Home practice should be reviewed before starting a new handout. The Educational 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 participant understands the importance of practicing the skills learned in treatment in his/her 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 to draw out members' understanding and thinking about the material.

- The highlighted boxes are useful talking points and take home message for the participant. They can also be used to help the participant to connect facts with his/her own life situation and goals whenever possible.

- Ask the participant highlighted questions to assess the participants' knowledge, and understand his/ her perspective.

- 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 such as managing stress or relapse prevention, two 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 client.

Clinical Guidelines for “Just the Facts" Participant Educational Handouts

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

OVERVIEW:

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

Goals

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

Materials Needed

Educational handouts

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

TEACHING STRATEGIES:

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

- Discuss how relatives can elicit information from the person in NAVIGATE if he/she is not attending the session. Help them practice how to approach this person and discuss his/her symptoms or treatment.

- If the client attends, officially recognize him/her as someone who has special knowledge in this area—the expert-- and encourage him/her to talk about what experiencing symptoms is like; this strategy can help relatives gain empathy.

TIPS FOR COMMON PROBLEMS:

- Be prepared for the person in NAVIGATE'S denial of having ever had symptoms. Accept the denial and discuss the symptoms in the spirit of informing the client, but not accusing him/her of having them.

  - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that occurs following an initial psychotic episode.

  - At times it may be more effective to link learning the contents of the module to a goal that the person has previously identified. For example, you could say, "I think working together on this handout will help you with your goal of going back to school."

  - Alert relatives that persons who have had an episode of psychosis do not have to acknowledge "illness"; they only have to want to improve their situation.

  - Note that many persons who have had a psychotic episode do not believe they are "ill" but will often acknowledge they have "emotional problems" or "emotional challenges." They will frequently assent that they are having trouble with "focus," "memory," "concentration" or "attention" and agree to receiving help in improving these challenges.

THE MOST IMPORTANT GOAL OF THE SESSION:

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

EVALUATING GAINS:

- After completing this module it may be helpful to assess how much knowledge the participant has retained about the symptoms and course of psychosis. You can assess participants' knowledge using the following questions:

  1. What are some of the symptoms of psychosis?
  2. Does everyone who has psychosis have the same experience with symptoms?
  3. What do you think causes symptoms?
  4. How are diagnoses of psychosis made?
  5. What do you know about treatments for psychosis, like therapy?
  6. Can you tell me a bit about the stress-vulnerability model?

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

1. Provide basic information on which medications are used to treat psychosis, their clinical benefits and side-effects.
2. Help the family support the client in becoming an informed client about his/her medications.
3. Help the participants identify strategies to help her take the medications as prescribed.

Handout Needed

Educational handout - Just the Facts--Medications for Psychosis

TEACHING STRATEGIES:

- Before teaching the participants about the specific topic, assess their knowledge by asking them what he/she already 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 relative 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 with the member who has psychosis if he/she is having difficulty taking medication as prescribed.

- 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 absolute number of 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 client is ill). Help the participants consider how the pros and cons relate to the client's goals. For example, if a client 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 behavioral rehearsal, if necessary, to help the relatives prepare for discussion of medications with the client (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 this 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.

- Client has poor medication adherence.

  – Find out if non-adherence is due to motivation or memory difficulties, if you can, and address with targeted interventions.

  – 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 remembering to take medications as prescribed such as taking morning medication right after brushing teeth.

THE MOST IMPORTANT GOAL OF THE SESSION:

Help the participants figure out how to support the client'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?

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 client in particular). It also provides information on how to prevent and cope with stress. Stress is conceptualized as a potential problem in both the client and relatives’ 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 Needed

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 client; 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.

- Relatives may not see how becoming good in their own stress management can be relevant to the outcomes of their relatives with psychosis. However, we know persons with psychosis living with relatives who use less nagging, prompting, or criticism 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 NAVIGATE.

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?

Clinical Guidelines for "Just the Facts-Strategies to Build Resiliency"

OVERVIEW:

The handout for this topic provides an introduction to the topic of resilience. While much discussion in NAVIGATE is about the resiliency of the client, this is also an opportunity to talk about the resilience of the relative and to bolster him/her for any anticipated challenges.

Goals

1. Define resilience.
2. Review the benefits of resilience.
3. Identify personal characteristics and strengths.
4. Introduce the concept of "resiliency stories" and help the participant develop one for his/her own life.

Handout Needed

1. Strategies to Build Resilience

TEACHING STRATEGIES:

- In this handout, you will be doing less formal teaching and using more open questions to elicit from the participant his or her understanding of resilience, strengths, and experiences where he or she felt resilient.
- Review the participants' definition of resilience.
- Review the participant's strengths.
- Engage the participant in discussion on how resilience is related to well-being and recovery.

- Highlight resilience as something that is relevant to everyone.

- Ask the participant if they know what a "resilience story" is.

- Engage participants in a discussion of their own resilience experiences; have them tell their own resilience story, and how that situation has impacted their life. This story does not have to be associated with their experience with psychosis. For example, they could discuss how they overcame a difficult situation at a previous job or a difficult experience with a friend.

- Ask about the qualities they observed in themselves as a function of the resilience story/situation.

TIPS FOR COMMON PROBLEMS:

- Participant might have difficulty identifying a situation where he/she was resilient in the past. In that case, use probes to help the participant remember situations that required resilience (e.g., "what did you do after a break-up, someone dying, failing an exam, etc.?").

- Participant may have difficulty coming up with their own strengths. Ask the participant what others have said about him or her in that regard. Also, ask for examples of situations when people seek the participant's help, advice, etc.

THE MOST IMPORTANT GOAL OF THE SESSION:

Connect participants with their own strengths.

EVALUATING GAINS:

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

    1. Is there anything in your life that can help you build resilience?
    2. What is an example of a resilience story—a time you overcame the odds and showed what you were made of-- in your own life?

Clinical Guidelines for “Relapse Prevention Planning”

OVERVIEW:

This handout for this topic provides information 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 participants to the idea that symptoms wax and wane but flare-ups can be managed.
2. Help participants identify OBSERVABLE early warning signs.
3. Help participants identify potential triggers for symptom flare-ups
4. Help participants consider developing a relapse prevention plan and develop one if wiling.

Materials Needed

1. Educational forms – Relapse Prevention Planning

TEACHING STRATEGIES:

- Be matter of fact about the content; normalize variations in symptoms over time.
- Discuss how relatives can elicit information from the person in NAVIGATE 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 client attends, the family can actually discuss early warning signs, triggers, and develop a relapse prevention plan. This is more difficult, though possible, if the client 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 client is not attending family meetings, regularly, if a family meeting might be useful.

TIPS FOR COMMON PROBLEMS:

- Be prepared for participants to be nervous talking about relapses—the experience needs to be normalized and families helped to see these are normal but can be managed. Also, be prepared that first episode clients may not have experienced a relapse. They may also firmly believe that they will never have one.

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

THE MOST IMPORTANT GOAL OF THE SESSION:

Help participants 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 participant has retained about the symptoms and course of psychosis. You can assess a participant'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 NAVIGATE had a relapse?
    4. What is your family's relapse prevention plan?

Clinical Guidelines for "Just the Facts - Developing Collaboration with Mental Health Professionals"

OVERVIEW:

This 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 an orientation to the NAVIGATE 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.

Materials Needed

Educational handout: Just the Facts - Developing Collaboration with Mental Health Professionals

TEACHING STRATEGIES:

- Before teaching the participant 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 client; see what participants know; 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 relatives 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 client around sharing information if this has been a problem in this family.

TIPS FOR COMMON PROBLEMS:

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

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

- You need to educate the client both about the NAVIGATE program and the rest of the mental health system, since people may graduate or transition out of NAVIGATE at some point. Sometimes participants do not have a good context for this material since they are part of a more richly staffed “first episode clinic” but members often transition off this clinic so the general information in this handout can be reviewed again or delayed for first time review until the transition if that seems more appropriate.

THE MOST IMPORTANT GOAL OF THE SESSION:

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

EVALUATING GAINS:

- You can assess a participant’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 NAVIGATE team?
  2. If your relative does not consent to an open sharing of information between staff and relatives, how can you get information to the team anyway?

Clinical Guidelines for "Just the Facts – Effective Communication"

OVERVIEW:

The handout for this topic is designed to provide a rationale for why improving communication can be important for families with a member dealing with psychosis, as well as strategies to do so. Role-play and home practice are especially important here.

Goals

1. Remind participants of the cognitive challenges that usually are 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.

Materials Needed

1. Educational Handout: Just the Facts–Effective Communications
2. Pointers for Good Communication (make a poster of pointers from handout or a large copy of pointers which can be seen by all)

TEACHING STRATEGIES:

- Remind families that compensating for cognitive deficits from psychosis is the primary reason for improving family communication.
- Discuss the pointers for good communication broadly and then give specifics.
- Reinforce any positive communication you see in the session.
- Set up behavioral rehearsals so each participant 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 participants about why home practice is critical to learning new skills.

TIPS FOR COMMON PROBLEMS:

- The participant says, “We talk just fine.” Acknowledge the strength of the participant’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.

- Be alert to cultural differences; modify guidance as needed by openly discussing issues with 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 sharpening up good communication vital in families dealing with psychosis?

Clinical Guidelines for “Just the Facts - A Relative’s Guide to Supporting Recovery from Psychosis”

OVERVIEW:

This module is designed to provide relatives 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 show that the client who has relatives who are pursuing personal goals and continuing to develop themselves does better.

Materials Needed

1. Educational handout: Just the Facts - A Relative’s Guide to Supporting Recovery from Psychosis

TEACHING STRATEGIES:

- Begin by asking participants 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 client.

TIPS FOR COMMON PROBLEMS:

- The participants perceive the topics as critical of them. Remind them that this information is offered to all families in NAVIGATE routinely. Note that occasional criticism in families is completely normal—the problem is that persons with psychosis may be uniquely sensitive to it.

- Counter any negative feedback by lots of praise to participants for what they are doing well. Many participants may be reluctant to pursue personal goals—here, highlighting their place as vital role models for the recovering client may help. Bad situations can improve with effort.

THE MOST IMPORTANT GOAL OF THE SESSION:

Encourage participants 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 participants have retained. You can assess a participant's knowledge using the following questions:

    1. What are four ways relatives can help support recovery?
    2. Describe the impact of intensive criticism on a person with psychosis.

Clinical Guidelines for "Just the Facts – Basic Facts about Alcohol and Drugs"

OVERVIEW:

This is an optional module designed to help participants understand reasons for substance use and how it can be particularly problematic in psychosis. Relatives 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 relatives how they can support low levels of use.

Materials Needed

1. Educational handout: Just the Facts – Basic Facts about Alcohol and Drugs

TEACHING STRATEGIES:

- Begin by asking participants 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 client 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 participants to recognize perceived benefits (even if they are short-lived) for the substance use for the client—this is a way to create empathy with his/her struggles.

- Review the list of negative outcomes from substance use—make sure the ones the client has experienced are identified.
- Encourage participants to commit to as many tips for helping with substance use listed in the handout as possible.
- Encourage relatives to praise the participant 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 participants 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 relatives may be unprepared to support abstinence in the client (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 client 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 participants 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 participants have retained about medications. You can assess a participant's knowledge using the following questions:

  1. Why do people with psychosis often use alcohol and drugs?
  2. What are two ways relatives 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?

Family Engagement, Orientation, and Assessment Worksheets and Participant Handouts

Family Introduction to the NAVIGATE Program

- The NAVIGATE program is designed to help a person who has experienced a psychotic episode, and his/her relatives 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 NAVIGATE program involves a number of different interventions, including medication, individual resiliency training (IRT), help getting back to work or school (Supported Employment and Education or SEE), and a family support/education program 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.

- Participants will learn strategies that will them support the person in NAVIGATE to pursue his/her goals and get on with his/her life.

- The person in NAVIGATE will be working with a team to help him/her with his/her goals including a medication prescriber, program director, 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.

NAVIGATE Treatment Components

Treatment	Provider	Aims
Medication Management	Psychiatrist, Nurse Clinician, Prescriber	Monitor use of medication to reduce symptoms
Family Education Program (FEP)	NAVIGATE Program Director or another clinician	Provide information and skills to help relatives support their family member's involvement in treatment and to move forward in recovery
Individual Resiliency Training (IRT)	IRT Clinician	Work collaboratively to make progress towards goals and improve functioning
Supported Employment/Education (SEE)	Employment and Education Specialist	Provide support and tips to help the relative in NAVIGATE get back to work/school or stay in work/school

Family Education 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 the Family Education Program you will meet regularly with a clinician who is a member of the NAVIGATE 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 relative in NAVIGATE does not come to these sessions, other family members should still come to the sessions. The relative in NAVIGATE will be learning much of the same information in other parts of NAVIGATE, so you can still work together.
- Family members will also be invited to be part of the NAVIGATE Individual Resiliency Training (IRT) and Supported Employment/Education (SEE) programs, as long as the relative in NAVIGATE consents. We value your input.

Stages of NAVIGATE Family Program	**Summary**
Orientation/Assessment	• Overview of the Family Program • Learning more about everyone in the family and how they are coping • This will take 2-3 sessions
Education	• Learning facts about psychosis, illness, medications, coping with stress, how relatives can be helpful, and good communication in 10-12 weekly sessions
Ongoing Consultation	• A series of 2-3 sessions offered on an “as needed” basis after completing education, when family members encounter difficulties along the recovery path
Ongoing Support from the NAVIGATE Team	• This involves monthly check-ins—either in person or on the phone—to get relatives’ views on how the

	person in NAVIGATE is doing and to identify any areas of improvement or concern; relatives also participate in regular treatment planning and review meetings with the NAVIGATE team
Behavioral Family Therapy/Modified Intensive Skills Training (MIST)	• This is an optional program when family members decide they would benefit from more extended work on improving communication and problem solving skills

- The goals of the NAVIGATE Family Education Program are to:
  - Find out what you already know about the symptoms, causes, course, medications, and the impact of stress on the person in NAVIGATE's life.
  - Provide information that addresses any gaps in your knowledge about psychosis, treatment, substance use, strategies to cope with stress, and the role of the family in recovery.
  - Provide realistic hope for recovery.
  - Support relatives.
  - Enlist relatives' input to, and cooperation with, the treatment plan.
  - Help relatives assist the person in NAVIGATE to monitor his or her symptoms and prevent relapses.
- The Family Education Program 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 NAVIGATE.
- We also have the story of one of our clients 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.

A few words on keeping everyone safe

The NAVIGATE teams works together closely to support the recovery of participants 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 NAVIGATE 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 participant 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 People in NAVIGATE

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 relatives 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 relatives 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. Relatives should continue to have small but manageable expectations for their family members to maintain their routines, 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 relative 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 relative keep to 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, helping them keep a regular schedule as much as possible can help them get back on track sooner.

Don't argue with a relative over worrisome thoughts

If the relative in NAVIGATE expresses an unusual thought or experience as a "fact," don't argue the truth of it. If the relative with psychosis 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 relative 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 relative 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 your relative with psychosis 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, relatives sometimes neglect their own health and wellbeing. 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—relatives may have a suspicion the person is NAVIGATE is not taking his/her meds, or feeling hopeless, or getting more agitated. You may be able to use the tools you develop in the NAVIGATE family education program to resolve difficulties. Sometimes clients 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 client's IRT and family clinicians readily available 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 relative may be able to see the clinician or prescriber that day. If you call at 4:00 pm, this will be much harder to accomplish and you may end up in the emergency room.
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 of four nights a week, he had a lot going on. In retrospect, he thinks he was partying 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 dawn 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 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, 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 added a new medication—Sam's third —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 parent's 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 to tell them about his medication taking. 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 usual 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 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.

NAVIGATE Family Member Interview:

(Rephrase as necessary to make questions appropriate for the client or the relatives)

Background Information

Name of Family Member: ____

Relationship to Client: ____

Address: ____

Telephone Number: ____

Any serious medical problems ____

Current: ____

Past: ____

Any mental health treatment: ____

Current: ____

Past: ____

Knowledge of relative's in NAVIGATE Disorder (phrase for relative or client as appropriate)

So tell me a little about ____________________ and how the two of you get along together.

____
____
____

What do you understand about_________________________'s psychiatric problems?

What is it called? ____

Tell me about the circumstances that led up to ____________getting treatment here? Why did he/she need help?

____
____
____
____

Causes

What do you think caused ____________ mental health problems?

Beneficial Factors
Have you noticed anything that seems to make his or her disorder better?

Detrimental Factors
Have you noticed anything that seems to make his or her disorder worse?

Has substance use or alcohol been an issue???

Has there been any problem with violence and aggression?

Any involvement with the criminal justice system?

Prognosis

What do you think will happen with his or her disorder in the future?

Medications

How do you feel ______________ 's psychiatric treatment is going?

What do you know about the medication he or she is currently receiving?

Type & Dosage

____
____
____

What do you see as the benefits of this medication?

____
____

What are the unpleasant effects of this medication?

____
____

What does he or she do to cope with these unpleasant side effects?

____
____

Taking Medication

Has he or she been taking medications as the prescriber instructed?

____
____

What types of problems has he or she experienced regarding taking the medication (e.g., forgetting, troubling side effects)?

____
____

Difficulties Experienced and Coping Strategies Used

What are the main difficulties you have experienced with _______________ ? What worries you the most?

____
____
____

How do you cope with these difficulties?

____
____
____
____

Strengths

What are some of ___________________ 's good points? Some of his/her strengths?

____
____
____
____

What do you like about him/her?

____
____

Daily Routine
How do you spend a typical day (get details)? What activities do you spend time doing (e.g., work, chores, hobbies, doing nothing)? (Describe a typical day briefly).

____
____
____
____
____

Leisure Activities
What are the things you like to do on a day off from work or a free day? (List several).

____
____
____
____
____

Do you have enough opportunity to do these things?

____

What prevents you from doing the things you like?

____
____
____
____

Relationships
Current Relationships
Who are the other members of your family?

____
____
____

Do you have someone you can discuss your problems with? (Specify who).

____
____
____

Does anyone in your family concern or irritate you? How much time do you spend with them? How would you like it to be different (specify)?

____
____

Does your family see eye-to-eye about what is happening with _______________?

Problem Questions
Any other problems you are currently facing in your life (elicit specific examples)?

With what problems are other people in your family struggling?

With what issues, situations, or problems do you feel you need the most help. (*To the therapist: Include problems you have noted that may not have been identified by the family member as current limitations of functioning (e.g., marital conflict, medical or psychiatric symptoms, lack of friendship, social-skills deficits, substance abuse, financial stress, housing problems, work-related problems, cultural conflicts)?.*

Tell me a little bit about why you decided to join this program.

Recent History
Tell me a little bit about your life before your relative (you) developed these recent difficulties. 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?

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

Any questions for me before we end?

INTRODUCTION TO "JUST THE FACTS" SESSIONS

We believe that recovery chances are increased if everyone in the family—the person in NAVIAGATE 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 Medication.
- Facts about Coping with Stress.
- Facts about Developing Resiliency.
- Relapse Prevention Planning.
- Developing Collaboration with Mental Health Professionals.
- Effective Communication.
- A Relative's 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 relative in NAVIGATE 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 resilience can help all move forward to support the relative in NAVIGATE's recovery.
- Identify early warning signs of relapse.
- Prepare for possible flare-ups of symptoms.
- Learn how to work closely with the relative in NAVIGATE'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 NAVIGATE team looks forward to collaborating with you.

“JUST THE FACTS” Participant Educational Handouts

JUST THE FACTS – PSYCHOSIS

What is psychosis?

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

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

Question:

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

What are the symptoms of psychosis?

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

Symptoms of Psychosis

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

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

Symptoms Sometimes Associated with Psychosis

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; staying in a stuck position.
Negative Symptoms	Lack of energy, motivation, pleasure, or emotional expressiveness.	Things that you used to enjoy don't bring the same pleasure; difficulty "getting going" or following through with things; people say that they can't read your facial expression.
Depression	Feeling extremely sad or blue; can affect appetite, sleep, or energy level.	Loss of interest in activities you used to enjoy or feeling sad; sleeping too much; feeling tired and having low energy; not eating enough or eating too much.
Suicidal thoughts	Thoughts that you want to harm yourself.	Feeling that you want to hurt yourself because you think have no hope for your situation or no way out or are you angry; sometimes voices tell people they should hurt themselves.
Anxiety	Being nervous; feeling scared, worried or afraid.	Avoiding a situation or experience because of fear; constant worry or concern; difficulty concentrating; physical symptoms such as heart palpitations, perspiration, trembling, or shortness of breath.

Questions:

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

How a Diagnosis is Made

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

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

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

Criteria For Each Diagnosis

Diagnosis	Symptoms	Timing of Symptoms
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?

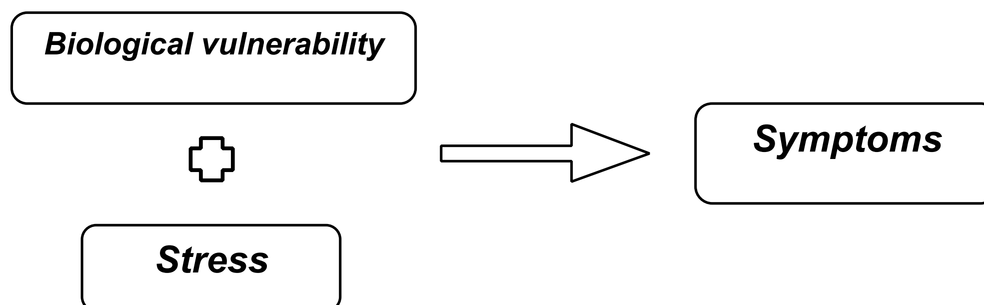
2. Review the symptoms in the Just the Facts-Psychosis handout. Identify and write down symptoms your family member in NAVIGATE has experienced.

What causes psychosis?

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

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

Stress-Vulnerability Model



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

- Both stress and biological vulnerability contribute to symptoms

What is biological vulnerability?

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

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

Questions:

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

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

What are stress factors?

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

Question:

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

A Few Words about Substance Use

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

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

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

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

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

Questions:

- Have medications helped the relative in NAVIGATE to reduce symptoms?

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

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

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

Question:

- What does the relative in NAVIGATE do to reduce stress?

- How do other family members help?

Home Practice Options

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

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

1. Explain to a supportive person what the stress-vulnerability model is. You may do this with the family member in NAVIGATE or someone else close to you.

2. Consider the biological vulnerability of the relative in NAVIGATE. What is he/she already doing to minimize his/her biological vulnerability (e.g., taking medication)? Is there anything more that could be done to minimize the impact of biological factors? If so, anything you might recommend?

3. Consider the stress factors of the relative in NAVIGATE. What is the relative in NAVIGATE already doing to minimize stress (e.g., getting some regular exercise, talking with friends)? Is there anything more the family member can do to minimize the impact of stress? Anything anyone else might do to help reduce stress on the relative in NAVIGATE? If so, select something that could be tried over the next week.

What is First Episode Psychosis?

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

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

Phase 1: Prodrome
The early signs are vague and hardly noticeable. There may be changes in the way some people describe their feelings, thoughts and perceptions.

Phase 2: Acute
Clear psychotic symptoms are experienced, such as hallucinations, delusions or confused thinking.

Phase 3: Recovery
Psychosis is treatable and most symptoms improve. The pattern of recovery varies from person to person.

Question:

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

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

Treatment Recommendations

- What people and their families do makes a difference in the person in NAVIGATE's recovery.

- When people experience psychotic symptoms, there are many things they can do to get their life back on track. Joining the NAVIGATE program is the first step.

- Here are some additional recommendations:

  - Take antipsychotic medication as prescribed
  - Participate in individual, group, and family therapy
  - Work toward getting life back on track such as returning to work or school
  - Hang out with friends
  - Avoid alcohol and drugs
  - Learn to manage stress
  - Learn strategies to manage symptoms
  - Exercise and eat healthy foods
  - Stay involved in a treatment program
  - Keep communication in the family strong

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

Questions:

- What treatment recommendations is the person in NAVIGATE already following? How have family members changed their behavior to support him/her?

- What steps could family members take to help your relative get his or her life back on track?

Will all the symptoms go away?

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

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

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

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

Questions:

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

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

- General information, fact sheets, videos, links, and more:
  - *EPPIC Program in Australia:* http://www.eppic.org.au/
  - *Early Psychosis Intervention Program in Canada:* http://www.psychosissucks.ca/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 relative in NAVIGATE's recovery would mean to everyone in the family. If you feel comfortable, share your description with your family members or supportive persons.

Summary Points Just the Facts - What is psychosis?

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

JUST THE FACTS - MEDICATIONS FOR PSYCHOSIS

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

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

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

Question:

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

What types of medications are used to treat psychosis?

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

Antipsychotic Medications

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

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

Additional Medication Possibilities

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 relative in NAVIGATE began medication?

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

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

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

Questions:

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

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 relative in NAVIGATE if they are not attending these sessions). Ask the person if he or she has noticed any other benefits with the medication.
  2. If you have any questions about medications your family member were prescribed, make an appointment to discuss your concerns with the prescriber or other members of the NAVIGATE team.

What are the potential side effects of medications for psychosis?

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

- Different medications have different side effects, and not everybody experiences the same side effects.

- Common side effects of newer antipsychotic medications:

  - Weight Gain
  - 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 prescriber right away.

Questions:

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

Side Effects from Medications

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

Some Words about Weight Gain

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

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

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

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

- Clients can ask for a referral to a nutritionist to help design a more balanced food plan.

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

Question:

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

Check it out:

✓ Many people find it helpful to plan out in advance how they might talk to their prescriber if they experienced side effects. They then feel more comfortable talking to their prescriber when they are sitting with him or her in the office. Practicing in advance makes people even more comfortable.

✓ How do you think the family could help the relative in NAVIGATE talk with the prescriber about concerns about medication and side-effects? It may be helpful for family members to use information from the table above to make a plan to go over side effects during the next prescriber's appointment. Be sure to include the following steps (sample ways of discussing this issue with the prescriber are noted in italics).

  - Introduce the topic of side effects during the prescriber's visit.
    - *"Recently I have noticed some side effects with my medication. Could we take a moment to discuss this?"*

  - Include information about side effect(s) and what help is needed from your prescriber. Be specific.
    - *"After I take my medication I become very tired and it is difficult to keep awake at work. Do you have any suggestions on how I could be less tired during the day?"*

  - Make a plan with the prescriber to resolve the problem.

  - *“What do you suggest doing so I am not hungry or eating all the time?”*

  - *“How can I sit in class if I am feeling like I have to move around and can’t concentrate?”*

- Ask questions if you do not understand
  - *“What if the medication doesn’t work for me?”*

  - *“I feel better. Why can’t I just stop taking the medication?”*

  - *“So are you saying that it is okay to just take all of my medication in the evening before bed or do I need to still take a pill in morning?”*

- Relatives can help practice conversations with the prescriber to increase confidence

Home Practice Options

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

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

How to make an informed decision about taking medications

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

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

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

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

Questions:

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

Home Practice Options

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

  1. Help make a list of questions that the person in NAVIGATE will ask the prescriber and practice the questions.

  2. Make a list of reasons why it could be important for the relative in NAVIGATE to be involved in decisions about his/her medication.

The pros and cons of taking medication for psychosis

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

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

as relationships	

Question:

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

Check it out:

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

- Ask the prescriber a question and be specific.
  - Make a list of medication concerns/questions and bring the list to your appointment.
  - No question is too small. Don't be afraid or nervous to ask.
- If it is hard understand the answer, ask more questions.
  - If you get confused ask for clarification- *"Could you please repeat that, I am not sure that I understand your answer?"*
  - Repeat the answer back to the prescriber to make sure that you understood his or her answer- *"So, let me make sure I understand . . ."*
- Thank your prescriber for his or her help
  - *"Thank you for answering my questions."*

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

Home Practice Options

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

1. Review your list of pros and cons about taking medication.

2. The relative in NAVIGATE can plan to talk to the prescriber as practiced above. Make a special appointment if necessary.

3. The person in NAVIGATE can practice with another family member or supportive person to give him/her more confidence.

Strategies for Taking Medication Regularly

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

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

Questions:

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

Strategies for Getting the Best Results from Medication

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

Developing strategies to take medication regularly is crucial to recovery.

Are Medications Forever?

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

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

Injectable Medications

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

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

Home Practice Options

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

Summary Points Just the Facts - Medications for Psychosis

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

JUST THE FACTS-COPING WITH STRESS

What is Stress?

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

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

One in five people report some problem with stress.

Questions:

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

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

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

Life Events Checklist

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

___ 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 relative in NAVIGATE

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

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

Daily Hassles Checklist

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

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

____

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

Moderate stress= 1 or 2 daily hassles
High stress= 3-6 daily hassles
Very high stress= more than 6

Questions:

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

Home Practice Options

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

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

Check it out:

✓ How could the family talk together about the stressors the family member in NAVIGATE is under if he/she is not attending the sessions?

1. Make a list of questions you can ask that person and practice asking the questions of your relative. Plan ahead so you can address concerns or questions about the level of stress your family member in NAVIGATE is under.

How to recognize stress

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

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

Signs of Stress Checklist

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

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

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

Questions:

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

Home Practice Options

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

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

Family Members and Stress

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

Improving stress management is critical for ALL family members.

Strategies to Prevent or Cope with Stress

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

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

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

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

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

Question:

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

Home Practice Options

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

1. Identify a stressful situation that may occur over the next week. Select a strategy for preventing stress to try out and make a plan to use it in the coming week. Get supplies if you need them (e.g. a journal, a schedule of church activities). Track how well the strategy works to reduce stress.

2. If the person in NAVIGATE is not in the session, other relatives can ask the relative in the NAVIGATE program which stress management strategy he/she might want to try over the next week Help him/her make a plan to practice the strategy.

Relaxation Techniques

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

- Relaxed breathing
- Muscle relaxation
- Imagining a peaceful scene

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

Relaxed Breathing

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

Steps:

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

Muscle Relaxation

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

Steps:

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

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

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

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

Imagining a Peaceful Scene

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

Steps:

1. Choose a scene that you find peaceful, calm and restful. If you have trouble thinking of a scene, consider the following:
    - at the beach
    - on a walk in the woods
    - on a park bench
    - on a mountain path
    - in a canoe or sailboat
    - in a meadow
    - traveling on a train
    - in a cabin
    - beside a river
    - next to a waterfall
    - in a high rise apartment overlooking a large city
    - riding a bicycle
    - on a farm

2. After choosing a peaceful scene, imagine as many details as possible, using all your senses.

3. What does the scene look like? What are the colors? Is it light or dark? What shapes are in the scene? If it’s a nature scene, what kinds of trees or flowers do you see? What animals? If it’s a city scene, what kind of buildings? What kind of vehicles?

4. What sounds are in your peaceful scene? Can you hear water or the sounds of waves? Are there sounds from animals or birds? From the breeze? From people?

5. What could you feel with your sense of touch? Are there textures? Is it cool or warm? Can you feel a breeze?

6. What smells are there in your peaceful scene? Could you smell flowers? The smell of the ocean? The smell of food cooking?

7. Disregard any stressful thoughts and keep your attention on the peaceful scene.

8. Allow at least five minutes for this relaxation technique.

Home Practice Options

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

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

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

- In this handout you have identified stressful situations, signs of stress, strategies for preventing stress, and strategies for coping with stress.

- The following form can help you put this information together as an individual plan for coping with stress.

Individual Plan for Coping with Stress

Stressful situations to be aware of: 1. 2. 3.
Signs that I am under stress: 1. 2. 3.
My strategies for preventing stress: 1. 2. 3.
My strategies for coping with stress: 1. 2. 3.

Home Practice Options

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

1. Share your plan for coping with stress with a family member or support person. Ask that person to help you practice one of your strategies for preventing or coping with stress over the next week. If the person is part of your plan, practice the coping strategy with him or her.

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

Summary Points Just the Facts-Coping with Stress

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

JUST THE FACTS-STRATEGIES TO BUILD RESILIENCY

Building Resilience

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

- Building resilience can help you deal with life's unexpected challenges.

- Developing resiliency serves as a protective factor against stress factors as discussed in the stress-vulnerability model.

- You can learn to be resilient by becoming aware of your strengths and developing strategies to cope with your life stresses.

Common elements of resilience include:

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

Questions:

- What qualities of resilience do you identify with in your life?

- What strengths have you shown in dealing with other life challenges?

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

- How do you define resilience?

How can resiliency help the family support recovery from psychosis?

- Resilience will help you:
  - Build your strengths.
  - Feel more hopeful about the future.
  - Feel more confident using stress-management techniques.
  - Look toward to a time when no one in the family is consumed with dealing with a psychiatric illness.

- In the NAVIGATE program, you can
  - Learn more effective coping strategies for stressful situations.
  - Practice using your stress management techniques to feel more comfortable using them when you are under stress.
  - Build your resources to help you achieve your goals and build resilience.
  - Develop your support system.

- Family members and supporters have an important role in building resilience in persons who have experienced a psychotic episode. They can
  - Reinforce resilient qualities in the person who has experienced the psychosis.
  - Practice effective coping strategies with the person who has experienced the psychosis.
  - Support the person with psychosis as he/she take steps towards his/her goals.
  - Learn strategies to help the person with psychosis to cope more effectively in times of stress.
  - Provide encouragement when it is difficult for the person with psychosis to see him/herself as resilient.

Questions:

- What are the most important aspects of strengthening your resilience?

- Who could support you? How?

- What can other family members do to support the relative in NAVIGATE's resilience?

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

Curiosity
Judgment
Emotional intelligence
Valor
Integrity
Loving
Fairness
Self-control
Humility
Gratitude
Spirituality
Humor
Honesty
Love of learning
Ingenuity
Perspective
Perseverance
Kindness
Citizenship
Leadership
Prudence
Appreciation
Hope
Forgiveness
Passion
Zest

Questions:

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

What is a resilience story?

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

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

Questions:

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

Questions:

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

Home Practice Options

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

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

Summary Points Just the Facts-Strategies to Build Resilience

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

RELAPSE PREVENTION PLANNING

What is a relapse?

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

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

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

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

Questions:

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

Reducing Relapses Can Help People Take Charge of Their Recovery

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

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

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

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

Question:

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

What are early warning signs?

Even when people do their best to avoid it, their symptoms may start to come back and they may have a relapse. Some relapses may occur over short periods of time, such as a few days, with very little or no warning. However, often relapses develop gradually over longer periods of time, such as over several weeks.
There are often changes in the person's inner experience and changes in their behavior when a relapse is starting. For some people, the changes may be so subtle at first that they may not seem worth noticing. For others, the changes are more pronounced and distressing. When people look back after a relapse, they often realize that these early changes, even the subtle ones, were signs that they were starting to have a relapse. These changes are called "early warning signs." Relatives can play a critical role in helping identify and monitor early warning signs.

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

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

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

Questions:

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

What are common events or situations that can "trigger" relapses?

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

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

Triggers of Relapse Checklist

Personal Descriptions of Triggers	The person in NAVIGATE experienced something like this
"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.
  - For example, if a family member noticed that drinking beers with his/her friends tends to trigger an episode in a relative in NAVIGATE, he/she could help your relative plan some activities with friends that do not involve drinking.
  - If a family member noticed that being under stress tends to trigger an episode in the relative in NAVIGATE, he/she could talk with the relative about using a specific relaxation technique, such as deep breathing, the next time he/she encounters a stressful situation.

Questions:

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

Learning about Triggers

Early Warning Sign experienced by your relative in NAVIGATE	Trigger experienced by your relative in NAVIGATE	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 NAVIGATE did not attend the session, ask him/her relative what he or she remembers as possible triggers before his or her most recent relapse.

Recognizing Early Warning Signs

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

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

Strategies to help notice early warning signs:

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

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

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

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

- Should the NAVIGATE staff be contacted for extra support?

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

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

Question:

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

Check it out:

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

Early Warning Sign Spot Check

- It is helpful to review Early Warning Signs with the person in NAVIGATE and other family members.

- If family members recognize early warning signs, they can let the person in NAVIGATE know. They can also ask what you can do to be of assistance.

- These are some strategies that other people have used once they noticed an early warning sign

  - Talking to a clinician to find some coping strategies to reduce stress.

  - Talking to supporters or a family member about early warning signs.

- Getting involved in usual activities such as church or going out with friends.

- Taking medication as prescribed.

- Talking to a sober friend or a clinician if you experience an increase in drinking alcohol or using substances

What is a relapse prevention plan?

- A key part of successful relapse prevention is acting quickly and thoughtfully at the first sign of a symptom flare-up. To do this, individuals who had a psychotic episode and their families usually benefit from developing a relapse prevention plan in advance.

- The overall goal of this plan is to respond to warning signs early and effectively in order to minimize the need for hospitalization.

An example of a Relapse Prevention Plan is presented below.

Relapse Prevention Plan

(Adapted from Birchwood et al., 2000)

What are the warning signs that need to be watched for (in the order in which they occurred)? 1. 2. 3. 4.
What types of triggers/stressors need to be watched out for? 1. 2. 3. 4.
What can we do if these things happen?
Some coping strategies to use if experiencing an early warning sign: 1. 2. 3. 4.
Who can assist the person in NAVIGATE and what can they do? 1. 2. 3. 4.

Who should be contacted in case of an emergency?	
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 prescriber.
4. If having thoughts people don't like me, I can check it out with my clinician or my dad.

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

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

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

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

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

Home Practice Options

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

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

Summary Points Just the Facts-Relapse Prevention

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

JUST THE FACTS - DEVELOPING A COLLABORATION WITH MENTAL HEALTH PROFESSIONALS

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

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

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

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

Learning about Types of Mental Health Services

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

What is Case Management?

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

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

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

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

Improving Relationships with Mental Health Professionals

Organizing Meetings

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

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

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

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

Providing Key Information

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

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

Questions:

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

Home Practice Options

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

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

Collaboration in a Crisis

Collaboration in a crisis, when anxiety and uncertainty are high, can be difficult. One helpful technique is preparing a one to two page description of the individual's history and prior medication response before an emergency situation occurs. This summary can be updated as needed. It can easily be given to crisis workers or emergency room nurses if the need for a quick intervention arises.
Another critical step in managing urgent issues is to develop a structured relapse prevention plan. Ideally, this plan is developed in advance, and all family members have agreed to it. This topic is discussed more fully in the NAVIGATE Relapse Prevention handout.

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

Home Practice Options

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

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

Confidentiality and Disclosure of Information

Confidentiality Laws

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

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

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

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

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

Communication Options for Relatives

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

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

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

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

Kinds of Professional Roles

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

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

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

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

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

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

Advocating for the person in NAVIGATE

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

Language That Mental Health Workers Use

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

Questions:

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

Home Practice Options

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

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

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

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

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

JUST THE FACTS- EFFECTIVE COMMUNICATION

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

Communication and First Episode Psychosis

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

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

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

Question:

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

Pointers for Good Communication

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

Get to the point

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

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

Express feelings clearly with "I" statements

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

Speak for yourself and not others

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

Listen to the other person

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

John: *“I feel so down and lonely that I drink to feel better.”*
Mary: *“It sounds like your mood really affects your drinking. Would planning some regular activities with me be helpful?”*

Focus on behaviors rather than personality

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

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

INSTEAD of saying, *"You are an alcoholic."*
SAY, *"I am concerned because you are drinking so much and I worry about your health."*

INSTEAD of saying, *"You're thoughtless-- you only think of yourself."*
SAY, *"I sometimes think you don't care about me because you rarely ask about my feelings. I wish you would show more concern by asking how I'm feeling more often."*

Pointers for Good Communication

*Get to the Point

*Use "I" statements

*Use feeling words

*Speak for yourself and not others

*Listen at least as much as you talk

*Focus on behavior instead of personality

Communication Skills

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

Expressing positive feelings

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

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

For example:

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

Making positive requests

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

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

For example:

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

Expressing negative feelings

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

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

For example:

- *"I was worried when you didn't come home from work at your usual time. In the future, if you think you're going to be late. Please call me."*

- *"I'm angry that you stopped taking your medication. Can we talk about what your concerns are and work out a way to get them addressed?"*

Compromise and negotiation

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

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

For example:

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

> Jane: *"I am worried Emma will get into trouble if she comes home late. I worry about problems with drinking or boys, and I can't sleep until she is home. I don't want her out past 11:00."*
> Sam: *"I know you worry about Emma but she has been trustworthy and often if she goes to the late movie she won't even by out by 11:00. It is pretty early for a weekend."*

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

Requesting a time-out

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

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

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

Questions:

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

The Importance of Practice

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

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

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

Home Practice Option

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

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

Worksheet for Practicing Communication Skills

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

____

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

Day	Person you talked to	Situation	What you said

Summary Points for Just the Facts - Effective Communication

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

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

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

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

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

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

Critical Communication Patterns Are a Problem

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

Focus on the positive rather than the negative whenever possible.

Question:

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

Home Practice Option

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

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

Extremely Self-Sacrificing Behavior May Create Difficulties

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

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

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

Question:

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

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

Two Good Mottos: Don’t sweat the small stuff!

Choose your battles wisely!

Home Practice Option

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

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

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

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

JUST THE FACTS: BASIC FACTS ABOUT ALCOHOL AND DRUGS

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

Question:

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

Information about Commonly Used Substances

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

Commonly Used Substances and Their Effects

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

Commonly Used Substances and Their Effects

Substance Type	Examples	Positive Effects	Negative Effects
Alcohol	Beer, wine, gin, whiskey vodka, tequila	-Relaxation -Lighter mood	-Slower reaction time, feeling tired -Socially embarrassing behavior
Cannabis	Marijuana, hash, THC	-Relaxation -"High" feeling	-Reduced reaction time and coordination -Feeling unmotivated -Feeling tired -Paranoia -Increased anxiety or feeling panicky
Stimulants	Cocaine (powder/or crac amphetamines (crystal meth., Dexedrine, Ritalir 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 c well-being -Relaxation -Reduced pain sensitivity	-Drowsiness -Highly addictive -Risk of overdose

Other Commonly Used Substances and Their Effects

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

Questions:

- Which of the substances has the relative in NAVIGATE ever tried? Anything he/she has tried (such as over the counter medicines or herbal preparations) that is not on the list?

- What effects (either positive or negative) have family members noticed in their relative in NAVIGATE experiencing from each of the substances he/she has tried?

Why do People Use Alcohol and Drugs?

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

Common Reasons for Using

To socialize

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

To have fun

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

To improve mood

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

To cope with symptoms

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

To help with sleep

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

To avoid other problems

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

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

It becomes part of a daily routine

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

Chasing the "good old days"

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

Questions:

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

Home Practice Option

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

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

Substance Use and Psychosis

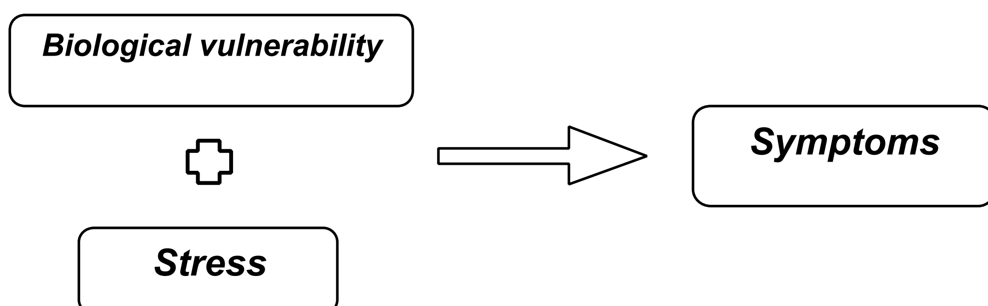
Using alcohol and drugs is common. However, substance use can also cause problems. People who have recently experienced a psychosis are especially sensitive to the effects of substances.

Revisiting the Stress-Vulnerability Model

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

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

Stress-Vulnerability Model



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

- These biological factors and symptoms can be made worse by:
  - Alcohol and drugs
  - Stress

- These biological factors and symptoms can be improved by:
  - Taking medications
  - Learning effective strategies for coping with stress and symptoms
  - Good social support
  - Engaging in meaningful activities, such as work or school
  - Avoiding alcohol and drug use

- Alcohol and drugs can directly affect the biological factors in the brain (brain chemicals or neurotransmitters) that cause psychosis, worsening symptoms.

- Substance use can interfere with the protective effects of medication on reducing symptoms and causing relapses, leading to worse symptoms and more relapses.

- Other effects leading to worsening of stress through negative consequences of using substances and/or effects on disrupting protective factors (e.g., loss of social support because of arguments about use, interference with a structured daily activity--missing work or school, etc.).

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

Question:

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

Other Problems Related to Alcohol and Drug Use

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

Interference with work or school

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

Social problems

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

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

Questions:

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

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

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

Daily living problems

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

Legal problems

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

Safety problems

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

Problems achieving goals

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

Health problems

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

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

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

Psychological dependence

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

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

Physical dependence

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

Question:

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

Tips to Help with a Relative's Substance Use

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

- Continue to use good communication skills about being concerned or worried; prompting and nagging about substance use tends to make it worse.

  For example, you can say *"I worry you will relapse when you drink more than a beer. Is there anything I can do to help"* instead of *"You have to quit drinking. Don't you remember what the prescriber said?"*

- Provide praise for positive changes (e.g. avoiding substance using friends, even going a few days without using) no matter how small.

- Do not contribute any money that your relative in NAVIGATE may be using for substances.

- Set a good example yourself—do not use substances to excess.

- Give a clear firm consistent message about why you are concerned about what your relative in NAVIGATE is doing that might interfere with his/.her recovery.

Home Practice Option

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

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

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

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

Format for Monthly Check-Ins with the Family

Monthly Check-Ins with the Family

It is critical for the client, relatives, 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 assess how the family is faring. Meetings should be held in person the first year, with both the relatives and the client participating; however, it is preferable to have the meeting on the phone rather than missing it for a month. After the first year, if the client is doing well, phone check-ins with relatives may suffice. Participants should be called two days in advance to remind them of the face-to-face meetings. Typical monthly contact meetings would last for 45 minutes. As the participants raise issues, the family clinician reviews appropriate educational material, gives advice and guidance, or helps problem-solves to resolve concerns. If formal decision-making or problem-solving might benefit the family, the family clinician can also integrate these tools from the *Family Consultation to Solve Problems and Make Decisions* section of the manual. The family clinician also reminds families, as appropriate, that as clients progress through NAVIGATE, discharge to other treatment is a typical outcome and keeps the long-term focus on moving towards the client and family 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 participants 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 client's current status.

2) Discussion of client's goals and relevant progress and ways family can help with goals.

3) Review of client's participation in treatment program.

4) Monitoring early warning signs.

5) Progress/concerns noted by family

"It's good to see you all again. The session will run about 45 minutes, and I want to get a clear sense of how XXX is doing in his recovery and answer any questions you have and address any concerns. Any crises or urgent issues we need to address before we begin?"

Review Of Client Status (10 Mins)

Here, the clinician prompts the client and family to discuss the client's current status. It is important to engage both the client and the relatives in the discussion and identify opportunities to review any of the educational material, as relevant. This is especially important if the relatives are critical of the client.

(To Client) *"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?"*

"How have things been going for you with your family? How have you all been getting along? Have you been seeing any friends? What about drugs or alcohol?"

(To Relatives) *"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?"*

Discussion Of Client Goals And Progress, Including Possibilities For Family Assistance (10 Mins)

Here, the clinician prompts the client to discuss his/her treatment goals as well as progress on the goals. It is important to engage both the client and the relatives in the discussion, and to look for opportunities where clinical knowledge and skills can be integrated into family life.

(To Client) "*XXX, remind us all again what goals you have been working on in the IRT program? 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 Relatives) *"What have you noticed about XXX's work on these goals? Anything come to mind? Any way you have been able to help?"*

Review Of Client Participation In The Treatment Program, Including Discussion Of Next Steps And Length Of Time In Program (5 Mins)

The objective of this part of the session is to encourage the client to continue to participate in treatment and to evaluate the family's attitudes towards treatment participation. Any obstacles to participation are addressed.

So, "XXX, how has it been going for you here at the program? Have you been making your appointments? Who are you working with now? Any difficulties with transportation to the clinic or getting there on time? What are you doing in the IRT program? Anything happening with work or school?"

(To Relatives) "*What has been going well about XXX coming to the treatment program? How are you feeling about that? 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 at all about how long you might want to be continuing with us in NAVIGATE?"

Monitoring Early Warning Signs (5 Mins)

The goal here is to check for the presence of early warning signs and model this checking for client and relatives. The client's completed relapse prevention sheet should be available for review.

"I have a copy of your relapse prevention form here—let's quickly look it over. Has it changed at all?? Any of your warning signs flaring up? And what about stressors? Are any of these circumstances you mentioned happening now? How have you been handling this?"

Opportunities For Family Input (10 Mins)

The goals here are to prompt the family to note any progress in the client, to be sure any family concerns are addressed, and to assess how the family is coping.

(To relatives) "*We talked a bit about the improvements XXX is making—anything you are pleased with? Anything else going well from your perspective? 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 bearing up?"*

Closing The Session (5 Minutes)

The session should close with the clinician:

- asking if participants have 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 the participants for attending

After The Meeting

Confer with other NAVIGATE team members about any issues raised in the monthly check-in.

Clinical Guideline for Family Consultation to Solve Problems and Make Decisions

Clinical Guideline for Family Consultation to Solve Problems and Make Decisions

Consultation is offered to families on an "as needed" basis as problems arise after the education sessions. The family clinician may become aware of the problems from the team, during the monthly check-ins, or because someone in the family alerts him/her to a problem. Typically a course of family consultation will take from 1-5 sessions, with 3 being typical.

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. Schedule a follow-up session as needed.
4. Schedule subsequent meetings as needed to continue solution implementation.

Materials Needed

Educational forms - Family Consultation to Solve Problems and Make Decisions

TEACHING STRATEGIES:

- Begin by engaging participants in some small talk.
- Elicit the purpose of the meeting from whomever brought up the issue.
- Be prepared to conduct either problem-solving or complete a decisional balance.
- Have family members take on as much responsibility for the meeting as possible.
- Involve all participants.
- Continue in multiple sessions until a resolution is found.

TIPS FOR COMMON PROBLEMS:

One Person Does Not Want to Solve the Problem

- In general, there are two strategies for dealing with the difficulty of one person not wanting to be involved in solving the problem. First, an attempt can be made 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"*. The second strategy to use when one person will not participate in solving the problem is to meet without that person. For example, two parents had a daughter who smoked in all rooms of the house, despite clear household rules. Since they were unable to get her to cooperate to solve this problem, the parent chose to meet without their daughter to establish consequences for their daughter's breaking these rules, and then shared them with her.

Choosing among Multiple Problems

- Families may be besieged by 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, such as suicidal thoughts, self-destructive behavior, violence or threats of violence toward others, or marked worsening in symptoms, must be addressed immediately. The next type of problems to be addressed is those related to a possible relapse of symptoms. For example, the abuse of drugs or alcohol, which can precipitate a relapse, is a high-priority problem. Similarly, it the person with psychosis stops taking medication or has begun to have early warning signs of a relapse, it is important to have a consultation to get help.

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 is can be solved, and work on only one step at a time. For example, the client 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; praise small steps toward the big goal.

The Consultations Result 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, helps. When there is a conflict among family members, it is usually because each person has a different viewpoint about a problem that is difficult to change. Taking a brief time-out is also an option.

Participants Don't Follow Through on Plans

- There is usually one of three basic reasons why most family members do not follow through on a plan that has been agreed upon during consultation meeting in the clinic: 1) they forget; 2) they do not know exactly what they are supposed to do; 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.

    2. When a plan is being discussed in the consultation, 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 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 definitions 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 NAVIGATE program, Sally, kept saying she wanted to quit smoking. Her parents thought that was a great idea-her father had lung cancer from smoking. Unfortunately, trying to quit smoking was very stressful and Sally got very irritable with all her parents and brother, had a hard time sleeping, and kept worrying about putting on weight. While Sally acknowledged smoking was a problem and not good for her health, all the family members decided that they would redefine the goal as "keeping Sally's smoking to less than half a pack a day" over the next three months until the daughter was a little more stable on her medication and the holidays were over. Sally agreed with the plan and quit smoking about 6 months later.

THE MOST IMPORTANT GOAL OF THE SESSION:

Resolve the issue the family wants to address.

EVALUATING GAINS:

You should monitor progress by collecting information from all possible sources—the team, client report, family report, monthly check-ins—to see if the issue is improving.

Family Consultation to Solve Problems and Make Decisions

Participant Handouts

Family Consultation to Solve Problems and Make Decisions

Once family members have learned how to support recovery from psychosis in the educational phase of NAVIGATE, they are still likely to confront many challenging situations. In addition to the monthly follow-up meetings, the NAVIGATE team is available on an "as needed" basis to work with families to address issues and problems associated with recovery in psychosis. These problems are often related to issues confronting the person in NAVIGATE as he/she pursues goals—perhaps problems taking medication regularly, finding friends, learning to budget, or managing urges to use alcohol or drugs. Typically, a consultation will involve 2-3 meetings with the participants and the family clinician, each scheduled one or two weeks apart. For most problems, the more family members who can attend the sessions, the more likely it is the problem solving will be successful.

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 the NAVIGATE program, we often use this strategy as the foundation of family consultations. In this handout, we first discuss how to work on solving problems and present the steps of successful problem solving.

Some situations involve *making a decision* rather than solving a problem. For example, the person in NAVIGATE 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 then leads 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 better.

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 had 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 NAVIGATE 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.** All family members talk about the problem or goal and pay attention to what each person says. 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 below.

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. 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.** Try to pick the easiest solution that is likely to work. 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 implementation.** 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. **Time-frame.** When will different parts of the plan be accomplished?
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 in action? How could these obstacles be avoided and dealt with if they occur?

6. **Review implementation at the next consultation; modify as needed.** After the family has agreed upon a plan, a date is set to meet again and evaluate whether the plan was successful. At this meeting, 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. The follow-up meeting can be just a few days away or a week away.

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.

Here is an Example

Four members of a family, including the 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 consultation meeting with all family members was scheduled for the next morning with the clinical team. During the consultation meeting, 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 is 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 got the treatment to help.

Questions:

- How does your family solve problems?
- What problem do you need to work on today?
- Who can follow-up to see the solution is implemented?

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 NAVIGATE 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 best, 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 the plan at a later time. Everyone in the consultation should help give ideas for the decisional balance. An example of a decision 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
	Feel more normal	May end up in hospital
	Will see friends	Will have to be a newcomer at Cocaine Anonymous again
		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

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, his 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 transportation to a Cocaine Anonymous meeting.

The client and relatives 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.

Summary-Problem-Solving and Making Decisions

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 meeting.
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 NAVIGATE family consultations.

<u>Problem-Solving or Goal-Setting Sheet</u>

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

____

____

2. *Brainstorm at least three possible solutions.* Do note evaluate at this time--wait till step 3.

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

Solution	**Advantages**	**Disadvantages**
(1) ____________	____________	____________
	____________	____________
	____________	____________
(2) ____________	____________	____________
	____________	____________
	____________	____________
(3) ____________	____________	____________
	____________	____________
	____________	____________
(4) ____________	____________	____________
	____________	____________
	____________	____________
(5) ____________	____________	____________

______________________ ___________________

______________________ ___________________

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.

____

____

____

Practice any difficult parts of the plan.

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

____

6. *Review implementation at next family meeting.* (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 B**	**Potential Bad Outcomes from Option B**

Taken together, what is the best option?____

____

Modified Intensive Skills Training (MIST)

Modified Intensive Skills Training (MIST)

A Variation of Behavioral Family Therapy (BFT) for NAVIGATE

Overview

Behavioral Family Therapy (BFT) uses educational and social learning techniques to teach family members information about psychiatric disorders and their treatment, and communication and problem-solving skills aimed at lowering stress and promoting family cooperation (Mueser & Glynn, 1999. Gingerich & Mueser, 2006). In addition, BFT facilitates the ability of the family to collaborate with the treatment team to support the client to pursue personal goals. Thus, the overarching goals of BFT are improved illness management, through collaboration between the family and the treatment team, and reduce family stress.

Sessions include the client and relatives with whom they have regular contact. The program is designed to meet the needs of family members in at least weekly contact, though this level of contact is not essential if a relative or significant other expresses a desire to be involved and a commitment to support the client in coping with his or her illness. Family members benefit from participating in all BFT sessions, although some, such as siblings who do not live nearby, may only attend selected sessions. It is recommended that family sessions include members who are sixteen or older. The clinician may want to meet separately with children in the family to respond to their specific concerns. BFT sessions last about an hour and are conducted on a declining contact basis.

Because BFT is being embedded in NAVIGATE family work after assessment and education, it will be modified slightly here with a greater emphasis on skills training—hence the title Modified Intensive Skills Training (MIST). MIST is a structured program aimed at teaching a specific curriculum, which is tailored to address the unique needs of the family, including the duration of sessions, the number of sessions spent on specific topic areas, and total length of the program. Most families will take about 6 months to complete MIST (e.g., weekly for three months, biweekly for two months and then a monthly follow-up). The structure and principles of BFT outlined above apply to MIST. MIST is divided into five stages, which build knowledge and skills in a step-by-step fashion. Table 1 lists the stages and the general guidelines for the number of sessions. Table 2 lists the typical flow of a session.

Assessment

The individual assessment sessions with family members help the clinician revisit the material collected in the initial NAVIGATE family assessments and to identify

personal goals for each participant. Some family members may find it difficult to identify personal goals on which to work, because they see their participation strictly as a way to help their relative with mental illness. The clinician can point out that the personal wellbeing of every family member is important and has an effect on overall stress in the family, which in turn affects the course of their relative's mental illness. Family members may benefit from hearing examples of personal goals that others have identified, such as improving physical fitness, developing a hobby or interest (e.g., music, art, sports, crafts), socializing more often, learning ways to reduce stress, eating more nutritional meals, and going out more often as a couple. If goals are very ambitious, the clinician can help break them down into small steps that can be accomplished one at a time in the 6 months of MIST. Note that the client may prefer to work on his/her IRT goal.

Education

For this stage, the clinician meets with the family in a single session to review the key points of the NAVIGATE family education program covered at the beginning of the program. The summary points from each of the handouts can be used, with the ultimate objective being to assure that all participants can explain the vulnerability-stress model in their own words, as this serves is the foundation for the subsequent skills training. The clinician pauses frequently to ask questions to make sure family members understand, and to help them apply the information to their own experiences. The person in NAVIAGTE is connoted to the relatives as the "expert" in the psychiatric illness and is asked to share what he or she has experienced. In educational sessions, it is important for the clinician to create an atmosphere where family members feel free to ask questions, express their opinions, and even to disagree with each other.

In MIST sessions, the clinician follows a structured agenda that involves reviewing family members' goals (identified and broken down into steps during the assessment stage), teaching new material, and developing home assignments to follow up what they are learning in the sessions. A fundamental component of all home assignments is asking the family to conduct a weekly family meeting where they review information or practice skills taught in sessions. These family meetings may be very short at first (15 minutes) as the members become comfortable talking with each other about psychiatric illness. Later in MIST, weekly family meetings are typically longer as they include practicing specific communication skills or solving problems together. Near the beginning of each session, the clinician inquires whether the family meeting was held and how it went. If the family has met, the clinician provides positive feedback, and if they did not meet, the clinician problem solves with them about any obstacles they encountered. If the clinician follows up routinely in this fashion, most family members will get into the habit of meeting together on their own in between sessions and doing home assignments.

Communication Skills Training

Some families have excellent communication skills and need only a brief review, as provided in the NAVIGATE educational stage in the handout "Effective

Communication." Other families need specific training in communication skills to reduce stress in the household and to prepare them to discuss and solve problems in the next phase of MIST. In contrast to the communication skills review in the NAVIGATE educational program, the skills training in MIST is more detailed and directive. The clinician notes that good communication skills are helpful to any family, and are especially important when a family encounters stress or problems, such as those caused by mental illness. Communication skills are taught using the steps of social skills training (Bellack, Mueser, Gingerich, & Agresta, 2004; Gingerich, 2002; Liberman, Derisi, Mueser, 2001), as described below. The clinician

1. Establishes a rationale for learning the skill. Asks family members why they think it could be helpful to learn (or strengthen) the skill.

2. Breaks down the skill into 3-4 steps.

3. Demonstrates the skill in a role play. Ask the family for feedback regarding the specific steps of the skill.

4. Asks a family member to practice the skill in a role play, while others observe.

5. Elicits positive feedback about what was done well in the role play. Provides extra positive feedback as necessary.

6. If needed, provides a suggestion about how the person could perform the skill even better.

7. Asks the family member to repeat the role play, requesting that he or she implement the suggestion for improvement.

8. Asks family members to provide positive feedback and suggestions for additional improvement in the skill.

9. Engages each family member in one or more role plays, providing positive feedback and suggestions for improvement after each role play.

10. Develops a home assignment with family members to practice the skill in their everyday life.

Communication skills training focuses on six skills:

- Expressing Positive Feelings
- Making a Positive Request
- Expressing Unpleasant Feelings (such as annoyance or sadness)
- Active Listening
- Compromise and Negotiation
- Requesting a Time-Out

Some families may need training in only one skill, whereas others may benefit from learning more skills. One or two training sessions (and occasionally more) are usually necessary for family members to learn a specific skill. Reproducible handouts of communication skills and home assignments (such as "Catch a Person Pleasing You" for practicing the skill of Expressing Positive Feelings) are available in Moser & Glynn (1999) and Mueser et al. (2003). An example of a skill sheet is depicted in Table 3.

Problem Solving

Both the consultation meetings in NAVIGATE family work and MIST share an emphasis on problem-solving. In the consultation sessions, the goal is to help family members solve problems. However, one of the main goals of MIST is to *teach* families a systematic method of solving their own problems, rather than just helping solve them. The clinician emphasizes the importance of family members learning collaborative problem solving skills in order to solve problems on their own, rather than relying on professionals. Learning how to solve problems empowers the family to be more self-sufficient and able to deal with a variety of situations that may arise. The six steps of problem solving are summarized in Table 4.

In family problem solving, a "chairperson" is elected who guides the family through the steps and makes sure that everyone has input throughout the process. In addition, someone is usually asked to act as a "secretary," to write down the results of the problem solving on a summary sheet (see the Problem-Solving Record in Mueser & Glynn, 1999) so that family members can refer back to it. The role of the chairperson and secretary can be combined.

At the beginning of teaching problem solving, the clinician first explains the steps and demonstrates them by working on a specific problem with the family. The clinician should first help the family choose a problem or goal which is not extremely difficult to solve, such as identifying an activity that the family could do together or selecting a consistent time for weekly family meetings. Initially, the clinician takes the role of chairperson, helping members go through all 6 steps. As the family members gain experience, they gradually take on the role of problem solving on their own, with less and less assistance from the clinician. As the family gets better at problem solving, they can tackle more challenging problems related to the client, such as finding a part-time job, reducing substance use, making friends, or developing coping strategies for persistent symptoms, as well as working on the goals of other family members. Generally, we recommend family members complete at least two problems before moving to every other week sessions and at least four problems before moving to monthly check-ins.

Termination

When family members have gained an understanding of psychosis and have made significant progress in their communication and problem-solving skills, the clinician works with them to plan for ending the intervention and then move to monthly

check-ins and ongoing consultation in NAVIGATE. Some families take longer than others to complete MIST, depending on the knowledge and skills with which they started and the complexity of problems they experience. Likewise, families vary in the supports they require to maintain the progress they have made.

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Table 1: Stages of MIST

BFT Stage	Approximate # of sessions
1. Assessment	1 session per family member; 1 optional family session
2. Education Review	1 family sessions
4. Communication skills training	4-6 family sessions
5. Problem-solving training	5-8 family sessions
6. Termination	1 family session

Table 2 Structure of MIST Sessions

Activity	Time Period
Welcome family members to the session, socialize informally, review the family's week	2-3 minutes
Review individual family members' goals	5 minutes
Review home assignment and family meeting	5-15 minutes
Present psychoeducational topic or teach skill	20-30 minutes
Develop home assignment (including meeting together as a family) to follow up what was taught in session	5 minutes
Summarize session and thank members for their participation	2-3 minutes
Optional: If necessary, reserve time to problem-solve urgent problems raised in the session (e.g. Crises)	5-15 minutes at the end of the session

Table 3: Steps of Expressing Unpleasant Feelings

- Look at the person.
- Tell the person what he or she did to displease you. Be specific.
- Tell the person the feeling it gave you. Be specific.
- Make a positive request for change, if possible, so that the situation can be prevented in the future.

Table 4: Step-By-Step Problem Solving

Problem-Solving or Goal-Setting Sheet

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

____

2. *Brainstorm at least three possible solutions.* Do note evaluate at this time--wait till step 3.

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

	Advantages	**Disadvantages**
(1) ______________________	________________	______________
	________________	______________
	________________	______________
(2) ______________________	________________	______________
	________________	______________
	________________	______________
(3) ______________________	________________	______________
	________________	______________
	________________	______________
(4) ______________________	________________	______________
	________________	______________
	________________	______________

(5) ____________________________ ______________________ _________________
______________________ _________________
______________________ _________________

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.

____

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____

Practice any difficult parts of the plan.

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

____

6. *Review implementation at next family meeting.* (Date:____________) Revise as needed.

Discharge Planning

Discharge Planning

As the client and family are leaving the NAVIGATE program, the family clinician plans at least two conjoint sessions with the client and relatives. The goals of these sessions are to review progress made in the program, refine the discharge plan, and to make referrals to any additional resources needed by the family. These sessions can replace the monthly meetings. The format for these 45 minutes sessions is as follows:

First Family Discharge Planning Session

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 clinician greets the participants 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 client's current status
2. Begin/continue discussion of discharge planning
3. Review of client's participation in treatment program
4. Monitoring early warning signs
5. Referrals to community resources for family

"It's good to see you all again. The session will run about 45 minutes, and the primary issue we will be discussing XXX's transition out of the NAVIGATE program. Any crises or urgent issues we need to address before we begin?"

Review of Client Status (5 Mins)

Here, the clinician prompts the client and family to discuss the client's current status. It is important to engage both the client and the relatives in the discussion, and look for opportunities to review any relevant educational material.

(To Client) *"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?"*

"How have things been going for you with your family? How have you all been getting along? Have you been seeing any friends? What about drugs or alcohol?"

(To Relatives) *"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?"*

Discussion of Discharge Planning (10 Mins)

Here, the clinician begins or continues the discussion of the recommended treatment plan, and inquires about what the client and relatives perceive their needs to be. The clinician should be prepared to "fill in the gaps" if the client is uncertain about any aspect of the discharge planning.

(To Client) "*You have been talking with the team here about graduating from NAVIGATE. Why don't you tell your family a bit about that? How are you feeling about that? What do you think about this change? What might be good about it? What might be hard? I know you have been talking with the team—will you be getting any further treatment? Where? What will you do to make that happen? Have you made any contact yet? Do you anticipate any obstacles? How can I help?"*

(To Relatives) *"What do you think about this change? What might be good about it? What might be hard? What are your concerns?"*

Review of Client Participation in the Treatment Program (10 Mins)

The objectives of this part of the session are to review the client's progress, identify future plans, and have the family acknowledge the client's progress.

(To Client) "*Tell us a bit about your progress on your goals. How are you feeling about what you have accomplished? What are you most pleased about? What remains for you to work on?"*

(To Relatives) *"What has been going well about XXX since his/her coming to the treatment program? How are you feeling about his/her progress?"*

Monitoring Early Warning Signs (5 Mins)

The goal here is to check for the presence of early warning signs and model this checking for client and relatives. You should bring to the meeting a copy of the client's completed relapse prevention sheet.

"Sometimes a change of care can be stressful, so we want to keep an eye on this. I have a copy of your relapse prevention form here—let's quickly look it over. Any of your warning signs flaring up? And what about stressors? Any of these circumstances you mentioned happening now? How have you been handling this? How will you remember to keep monitoring your warning signs even when you leave our program? How can you all work together to do that?"

Issues Raised For the Family by Discharge (10 Mins)

The goals here are to prompt the family to identify any needs that should be included as part of the discharge plan and/or to follow-up on prior referrals as appropriate.

(To relatives) *"When you think of XXX leaving NAVIGATE, what issues come up for you? If you need support, any ideas how you might get it? What resources do you have? Do you need any referrals from us?"* (Provides information as needed)

Closing the Session (5 Minutes)

The session should close with:

- Asking if participants have anything else to add.
- Summarizing the main points covered in the session.
- Reminding client and relatives of tasks to be accomplished before the final session (e.g., appointments with new care providers, following up on referrals for support).
- Asking client and relatives to be prepared to give him/her feedback on NAVIGATE at the next session.
- Scheduling the final meeting date.
- Thanking the participants for attending.

Treatment Planning Between the Two Discharge Planning Sessions

The clinician should report to the team about any issues that arose as part of the first meeting and investigate referrals for any resources requested by the family.

Second Discharge Planning Session

The goal of this session is to reiterate any recommendations made to the family about the discharge and to say goodbye to the family.

Introduction, Alliance Building, and Agenda Setting (5 Minutes)

This session begins with utilizing the alliance building techniques presented previously and setting the session agenda. In the alliance building stage, the clinician should greet the participants warmly and ask 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 client's current status.
2. Finalize discussion of discharge planning.
3. Review of client's participation in treatment program.
4. Monitoring early warning signs.
5. Follow-up on referrals to community resources for family.
6. Getting feedback on program.
7. Review of family strengths.

"It's good to see you all again. The session will run about 45 minutes, and the primary issue is that we will be saying good bye to you all today. Any crises or urgent issues we need to address before we begin?"

Review of Client Status (5 Mins)

Here, the clinician prompts the client and family to discuss the client's current status. It is important to engage both the client and the relatives in the discussion, and to identify opportunities to review relevant educational material.

(To Client) *"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 is leaving NAVIGATE going? Do you notice yourself under any particular stress?"*

(To Relatives) *"How has XXX been doing? What has been going well? Any problems? Anything you are worried about? Any concerns on your end?"*

Discussion of Discharge Planning (10 Mins)

Here, the clinician continues the discussion of the recommended treatment plan, and inquires about what the client and relatives perceive their needs to be. You should be prepared to "fill in the gaps" if the client is uncertain about any aspect of the discharge planning.

"So I have here a summary of the discharge recommendations from our end—we have talked about all of these—here, let me give you a copy—any questions?"

Review of Client Participation in the Treatment Program (10 Mins)

The objectives of this part of the session are review the client's progress, identify future plans, and have the family acknowledge the client's progress.

(To Client) *"So, when you look over your work in NAVIGATE, which accomplishments are you most pleased with? What are you most surprised by? How are you feeling as you leave?"*

(To Relatives) *"What has been going well about XXX since his/her coming to the treatment program? How are you feeling about his/her progress?"*

Monitoring Early Warning Signs (5 Mins)

The goal here is to check for the presence of early warning signs and model this checking for client and relatives. The clinician should bring a copy of the client's completed relapse prevention sheet to the meeting.

"We talked about how a change of care can be stressful so we want to keep an eye on this. Let's review your relapse prevention form—here is a copy. Any of your warning signs flaring up? And what about stressors? Any of these circumstances you mentioned happening now? How have you been handling this? How will you remember to keep monitoring your warning signs even when you leave our program? How can you all work together to do that?"

Follow- Up on Referrals as Needed (5 Mins)

The goal here is follow-up on any referrals for additional services given to client and relatives.

"So, what were you going to follow-up on since our last meeting? How did that go? Any obstacles with which you want my help?"

Obtaining Feedback On Navigate Program (10 Mins)

The goal is to provide every participant with an opportunity to discuss strengths and weaknesses of the NAVIGATE program, including but not limited to the family component.

"I asked each of you last time to be thinking about what you had liked about the NAVIGATE program, and what we might improve. We are always trying to make things even better for clients and their families. I am going to ask about the overall NAVIGATE program and then the family part. So what did you like about the overall NAVIGATE program (solicits feedback from each participant; uses active listening skills but does not evaluate responses). *So what could be improved in the program—anything you disliked?* (solicits feedback from each participant; uses active listening skills but does not evaluate responses). W*hat about the family portion? What did you like? What was helpful?* (solicits feedback from each participant; uses active listening skills but does not evaluate responses). *So what could be improved in the family program—anything you disliked?"* (solicits feedback from each participant; uses active listening skills but does not evaluate responses)

"Thanks for that. I will be making sure the team gets your input".

Acknowledgement of Family Strengths (Last Session) (5 Mins)

The goal here is to acknowledge the family's progress and strength. The clinician should be prepared to mention an asset of each attendee.

"I have been thinking about when I first met you and how things have changed. I think of the progress you have made (describes*) and the strengths I have admired* (mentions). *I have admired* (describes at least one asset for each participant). I am glad XXX is doing well enough to leave, but I am sad to see you all go."

"Anyone else have any final words? Ok, I wish you all the best."

Closing the Session (5 Minutes)

The session should close with:

- Asking if participants have anything else to add.
- Summarizing the main points covered in the session.
- Thanking the participants for attending.

Clinical Guideline for Discharge Planning

Clinical Guideline for Discharge Planning

Discharge from Navigate may be prompted by several circumstances—client progress, relocation, changes to another treatment team. During family meetings, the family clinician will put the expected timeline of progress in NAVIGATE in context, so discharge will not come as an unexpected event. At least two sessions should be devoted to specific discussion of family need and treatment transitions, as outlined in the section on discharge above. Most clients in NAVIGATE will be receiving referrals to other treatment programs by this point, typically involving stepped down care.

Goals

1. Assure family understands next treatment options
2. Respond to any questions family has about discharge
3. Reinforce strengths family has exhibited.
4. Obtain feedback on NAVIGATE program.

Materials Needed

Any referrals to subsequent treatment

TEACHING STRATEGIES:

- Begin by engaging participants in some small talk.
- Remind family about impending discharge.
- Be prepared to conduct either problem-solving or complete a decisional balance if there are specific concerns about discharge/termination that require attention.
- Involve all participants.
- Take time to highlight any strengths or progress participants have evidenced

THE MOST IMPORTANT GOAL OF THE SESSION:

Shore up family strengths and make sure members understand recommended next steps.

APPENDIX

Decisional Balance

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

Taken together, what is the best option?______________________________________

____

Problem-Solving or Goal-Setting Sheet

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

____

2. *Brainstorm at least three possible solutions.* Do note evaluate at this time--wait till step 3.

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

Solutions	Advantages	Disadvantages
(1) ____________________	____________________	____________________
	____________________	____________________
	____________________	____________________
(2) ____________________	____________________	____________________
	____________________	____________________
	____________________	____________________
(3) ____________________	____________________	____________________
	____________________	____________________
	____________________	____________________
(4) ____________________	____________________	____________________
	____________________	____________________
	____________________	____________________

(5) ______________________________ ________________________ __________________
________________________ __________________
________________________ __________________

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.

____

____

____

Practice any difficult parts of the plan.

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

____

____

6. *Review implementation at next family meeting.* (Date:___________) Revise as needed.

Family Education (FE) Fidelity Scale

Fidelity ratings are based on observation of a family session or listening to an audiotape of a family session.

Clinician: ________________________ Site:_____________________________
Date of Session:___________________Module & Topic ________________
Date of Rating:______________ Name of Rating:________________
Client ID:__________________ Overall Session # ________________

TYPE OF FAMILY SESSION

- ☐ Educational Session
- ☐ Monthly Check-in
- ☐ Family Consultation
- ☐ Modified Intensive Skills Training (MIST)
  - ☐ Communication Skills Training
  - ☐ Problem-Solving Session
- ☐ Other (specify) ____

PERSONS WHO ATTENDED SESSION

- ☐ Client
- ☐ Mother
- ☐ Father
- ☐ Spouse/Partner
- ☐ Siblings (specify number) ___________
- ☐ Children (specify number) ___________
- ☐ Other relatives (specify number) ___________
- ☐ Non-family members (specify number)
- ☐ RAISE Team Members (specify number) ___________
- ☐ Professionals OTHER THAN RAISE Team Members (specify number)_______ ______

General Guidelines for FE FIDELITY Scale

1	**2**	**3**	**4**	**5**	**NA**
Unsatisfactory or not Observed	Needs Improvement	Satisfactory	Very Good	Excellent	Not Applicable

NOTE: SOME ITEMS ARE MARKED AS NOT APPLICABLE TO CERTAIN TYPES OF FAMILY SESSIONS. FOR EXAMPLE, IN MONTHLY CHECK-IN'S, CLINICIANS ARE NOT EXPECTED TO USE SKILLS TRAINING STRATEGIES.

____ 1. Agenda Setting

- Set specific agenda at the beginning of session
- Elicit other issues from client for agenda
- Implement specific agenda

Comments:

____ 2. Review of Home Assignment (not applicable to monthly check-ins)

- Review prior home assignment
- Reinforce any efforts to complete home assignment
- Identify and problem solve obstacles to completing home assignment
- If client or family struggles to complete home assignment from previous session, help to complete in session

Comments:

____ 3. Use of family education handouts and worksheets

- Utilize handouts and worksheets to guide the session
- Answer and elicits questions
- Stay focused on topic

Comments:

____ 4. Motivational Enhancement Strategies

- Connect material and session content to client's goals
- Promote hope and positive expectations
- Explore pros and cons of change
- Reinforce "change" talk
- Reframe experiences in a positive light

Comments:

____ 5. Educational Strategies

- Provide information
- Connotes client as expert in his or her experience of illness
- Connotes all family members as expert in their own experience
- Elicit family members' experience related to presented material
- Adapt language to family's preferences
- Break down information into manageable chunks
- Provide interim summaries
- Ask questions to check for understanding

Comments:

_____ 6. Positive Reinforcement and Shaping

- Praise successive approximations (small steps) towards completion of home assignments, progress towards goals, using of strategies and learning of skills
- Give positive, specific feedback about learning and using information, strategies and skills
- Celebrate completion of modules
- Reinforce on-topic comments and ignore off-topic comments

Comments:

_____ 7. Skills Training Strategies (not applicable to monthly check-in sessions)

- Use following skills training strategies for teaching families to use skills themselves, such as relaxation, communication, & problem-solving)
- Establish/elicit rationale for skill
- Discuss steps of skill
- Model (demonstrate) the skill
- Help family members practice the skill in one or more role plays (or other exercise, such as deep breathing)
- Provide feedback, starting with positive
- Help family members develop plan to practice skill outside the session

Comments:

____ 8. Guiding family through steps of problem-solving

- Follow up on any previous problem-solving as needed
- Identify and define problem or issue for current consultation, getting everyone's point of view
- Generate possible solutions, getting everyone's point of view
- Weigh pros and con's of possible solutions, getting everyone's point of view
- Select solution to try, getting everyone's input
- Make a plan to implement the solution

Comments:

____ 9. Developing Home Assignment (not applicable to monthly check-in sessions)

- Help family members develop specific home assignment to practice or review material covered in session or take steps towards solving a problem or achieving a goal
- Help family members identify specific days, times, and places for completing the assignment
- Identify and problem solve potential obstacles
- Practice assignment in session if indicated
- Enlist help of others or access additional resources if indicated

Comments:

____ 10. Structuring the Session and Using Time Efficiently (structure for each type of family session is provided below)

- Cover the content of the session at a pace that's comfortable for the client
- Tactfully limit peripheral or unrelated discussion
- Direct session appropriately, following structure of type of family as follows:

Education session: announce agenda, review home assignment, review previous family meeting, review written materials/worksheets, use role plays as appropriate, develop home practice option

Monthly check-in: announce agenda, review client's current status, discuss client's goals and relevant progress and ways family can help with goals, review client's participation in treatment program, monitor early warning signs, identify progress and concerns noted by family, make a plan for further contact or action if needed

Family consultation: announce agenda, identify problem or issue for current consultation, generate possible solutions, weight pro's and con's of possible solutions, select solution to try, make a plan to implement solution

MIST: announce agenda, review home assignment, review previous meeting, review educational material, teach communication skill, teach problem-solving skill, develop home assignment

Comments:

____ 11. Therapeutic Relationship

- Convey warmth and empathy
- Express understanding and compassion about unpleasant experiences
- Show flexibility in responding to each family member's concerns

Comments:

____ 12. Recovery/Resiliency Focus

- Express hope and optimism for the future
- Support or enhance each family member's self-efficacy
- Use of recovery and resiliency language when appropriate
- Help each family member take an active role in shared decision-making
- Expression of confidence all family members can make progress towards their goals
- Help all family members identify and build their own resiliency skills

Comments:

____ 13. Overall quality of session

- Materials taught effectively using combination of motivational, educational and cognitive behavioral strategies
- Flexible and responsive to emergent needs, issues or unexpected challenges
- Reduces family distress as needed

Comments: