




**PROPS FOR RECOVERY**  
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# LEARNING OBJECTIVES

1. Increase knowledge of early psychosis, including prodromal symptoms
  2. Increase knowledge of previous research, current research and its implications
  3. Understand Shared Decision Making
  4. Understand the Coordinated Specialty Care model that our program and many first episode psychosis (FEP) programs are utilizing as a model of care
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# PRODROME AND PSYCHOSIS

## Prodromal Symptoms/Clinical High Risk:

Happening before first episode of psychosis

Subtle changes that are affecting functioning, such as:

changes in mood, sleep or appetite

changes in concentration

changes in thought

## Psychosis

The experience of loss of contact with reality, and is not part of the person's cultural group belief system of experience. Psychosis typically involves hallucinations and/or delusions (NAMI).

**Key Difference:** When people are at high risk, they realize that something may be a little different or odd, when people are having psychotic symptoms, they generally lack insight into this change

(Compton & Broussard, 2009)

# WHY EARLY INTERVENTION?

Duration of Untreated Psychosis: 74 Weeks

Medications: lower dose, longer time, less side effects

Family Involvement and Education

Proactive with self medicating by substances, substance use in general, and tobacco use/cessation

<https://www.youtube.com/watch?v=YzDMI9cxwe8>

(RAISE)



# RECOVERY

Recovery is a process of change through which involved individuals improve their health and wellness. Recovery does not mean a cure. It is a process, not a destination. Recovery is individual to each person and means working toward management of symptoms as well as areas of life that are the most important to an individual's overall well-being (SAMHSA, 2014)

Hope: The foundation of recovery

Resilience: Ability to adapt to challenges and change

Health: Exercise, substance, tobacco

Home: Safety and shelter, basic needs are met

Community: Support by peers, family, co-workers. Foundation of trust and stigma reduction

Purpose: job, work, school, structure, “get up and go”  
(SAMHSA, 2014)



# SHARED DECISION MAKING

Recovery based

Assumption that there are multiple experts in the room, consumers being one of the experts

Enhances the quality of care and informed decisions. Consumers are taking a part in their treatment, being accountable for themselves

Relationship and trust with providers is they key

(Adams & Drake, 2006)

“Collaborative process in which the consumer and the team member share knowledge and information and actively participate and treatment decisions, resulting in agreement on a preferred treatment approach” (OnTrack NY, Recovery Coach Manual)



# PARENTS AND FAMILY

Primary supporters

Understanding of change in functioning

Consumers trust their parents

Need Support

Parent Group

Family Therapy



# COORDINATED SPECIALTY CARE

## Team approach

Nurse

Prescriber

Team Leader

Recovery Coach

Supported Employment/Education Specialist

Peer Support

Program Support

Therapist/Clinician





# RESOURCES

Adams, J.R. & Drake, R.E. (2006). Shared Decision-Making and Evidence-Based Practice. *Community Mental Health Journal*, 42 (1).

Compton, M. T. & Broussard, B. (2009). *The First Episode of Psychosis: A Guide for Patients and Their Families*. Oxford University Press.

Heinssen, R.K., Goldstein, A. B., & Azrin, S.T. (2014). Evidenced-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care. *RAISE*.

OnTrack New York. Center for Practice Innovations. Unpublished, available online <http://practiceinnovations.org/OnTrackUSA/tabid/253/Default.aspx>