

Why Focus on Psychosis

- 3 out of 100 people will experience a psychotic episode in their lifetime
- Onset is generally in late adolescence or early adulthood
- Psychosis can have multiple causes (MH Dx, Medical Illness, Substance Induced, etc.), as well as cultural explanations/considerations.

What is Psychosis?

The word “psychosis” indicates a number of symptoms resulting in a person losing touch with reality. These symptoms affect the mind and alter someone’s thinking, ideas and perceptions.

Symptoms of Psychosis (Can be one, a mixture, or varying degrees of the following):

- **Hallucinations** Seeing, hearing, feeling, smelling, tasting, sensing something that others do not experience.
- **Delusions (False beliefs / Worries / Paranoia)** Having a belief that something is true despite evidence to the contrary.
- **Confused Thinking** Trouble expressing oneself clearly and having a hard time concentrating. Others might say that they do not understand what the person is saying.

Additional Common Experiences Associated with Psychosis:

Isolation People often will describe wanting to be alone or be left alone.

Nervousness / Fear / Anxiety These feelings often lead to a person avoiding situations in which they were previously comfortable.

Sleeplessness People describe the inability to rest and loved ones will often report that a person is pacing or unable to rest.

Lack of Energy / Motivation Many times people will describe feeling unable to complete tasks, most of which used to come easily.

Decline in Functioning Often a person will have an extremely difficult time in school or work, and their performance deteriorates drastically.

Disorganized Behaviors Loved ones will often report that someone is seeming to either be distracted or tending to things in their mind, or seem to just sit and stare (seeming to be stuck).

Sadness / Depression People will many times report no longer feeling happy about the things they used to enjoy.

Self-Harm / Suicidal Thoughts People will describe wanting to harm themselves, no longer wanting to be alive or a having a desire to kill themselves. Loved ones will sometimes notice someone exhibiting risky behaviors or putting themselves in dangerous situations.

IMPORTANT! Different states and cities have different resources for intervention and emergency response. Friends and family should familiarize themselves with [crisis lines, nearest hospitals or emergency services, and calling 911.](#)

Spectrum of Risk



Increase in Risk and Potential Long-Term Disability



What the Person May be Experiencing...

- A desire to be alone *and* left alone
- Confusion
- Difficulty organizing thoughts
- Suspiciousness of others' intentions
- Sensory overload
- A feeling that “something’s not quite right”
- Fear associated with the mind “playing tricks”

What Others Might See in a Person

- Withdrawal as a way to avoid stimulation
- A decline in participation
- A decline in homework and test performance
- Defensiveness when asked to engage in mentally challenging or abstract tasks

UNM Early Clinic First Episode Program

Goal:

Provide a continuum of care for individuals in NM who are experiencing the early warning signs of psychosis or who are in their first episode of a psychotic disorder.

Components of RAISE model

A comprehensive, recovery based approach:

1. **Low dose medication**
2. **Family Education**
3. **Supported Employment and Education**
4. **Therapy**
5. **Co-ordination with primary care**

6. **Case management**
7. **Outreach and education**
 - *Care can include home visits but generally office based*

Family Education Program

- Provide family (including client) with education about psychosis, coping strategies, skills and communicating and solving problems
 - Goals
 - Shore up relationships for the long haul
 - Change the trajectory of the illness by supporting resumption of role functioning and social pursuits
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- Reduce stress and burden in family members

Supported Employment & Education (SEE)

- Helps clients get back on track with work or school
- The goal of SEE is to help people develop and maintain personally meaningful goals related to their careers, their education, and their employment
- SEE services are individualized for each person based on their preferences, goals, and values
- SEE services are provided based on the person's choice to pursue employment or education, or both

Individual Resiliency Training/ Therapy

- Assists clients in learning about psychosis, processing experience, developing relapse plan, increasing resiliency, learning specific strategies and skills to achieve own personal goals; also provides case management
- IRT aims to promote recovery from an initial episode of psychosis via:

 - identifying client strengths
 - enhancing illness self management skills

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Early Clinic First Episode Program

1-888-NM-EARLY (1-888-663-2759)

[HOME](#)

[GETTING HELP](#)

[UNDERSTANDING PSYCHOSIS](#)

[CONTACT US](#)

For Family & Friends

Psychosis can be scary, overwhelming and traumatizing for everyone in the family. It is essential to seek help from professional supports, other family members and friends.

In psychosis the person may see things and/or interpret information in a way that doesn't make sense to you. Don't argue. It will only make the person confused and frustrated. Be loving and empathetic with their feelings. Don't agree with delusional beliefs. It's ok to tell the person you don't perceive things the same way and leave it at that. Prioritize what matters and use simple, concrete sentences. Focus on what you can agree on.

Allow your loved one a longer amount of time to respond to your questions or statements as they might be processing more slowly or having difficulty processing information.

Don't push the person into doing things you would normally expect them to be doing. Let most things slide until the psychosis begins to clear. For example, work, school, chores and ordinary social interactions may all become impossible for a person who is experiencing active psychosis.

Set simple, clear limits.

- Do not, ever, under any circumstances, accept violence in your household.
 - Make a few simple rules designed to ensure safety and harmony in the household.
 - When the person is calm and doing well, ask for their input about the rules. Be clear what you will do if the rules are broken. Examples of rules include no physical violence (hitting, breaking things, etc.), no weapons in the house, etc. Make sure your rules are based on the person's behavior and your greatest concerns.
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Hold onto hope. You will get through this and things will get better.

Take things one step at a time. Keep it simple and break down what needs to be done next.

Work closely with your team. Communicate regularly with the counselor, doctor, and local crisis team. If your loved one refuses treatment, seek help for yourself and work with someone knowledgeable to problem-solve and coach you.

Maintain a safe and comforting physical environment.

- Remove all access to weapons, potentially poisonous materials, and car keys.
 - Remove all access to alcohol and non-prescribed mood-altering drugs.
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Give the person plenty of space. They may not be able to tolerate the stimulation of normal day-to-day life right now. Let them retreat.

Continue normal routines and include the person to the degree they are able.

Pay attention to how you communicate. Avoid strong displays of emotion, both positive and negative. The goal is to approach the person in a positive, calm, consistent attitude, regardless of their emotional state.

Make a crisis plan. Know what you will do and who to call, especially on the weekends and in the middle of the night. Know what to watch for, including early and late warning signs (based on previous crises) and how you will respond. Most crises can be avoided or lessened by knowing and responding to early signs. Talk it through with the professionals to make sure they're on board with their part.

Know who to call, and call them to problem solve. Keep their phone numbers in multiple places so you don't lose them when you need them. *See our [Resources](#) page for helpful references.*

Information reprinted with permission from [Early Assessment & Support Alliance](#)

FAQs

Learn more about our program →

Need Additional Support?

Helpful resources, support groups, articles →

In Crisis?

What to do when you need immediate help →

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Early Clinic First Episode Program

Contact Information

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Early First Episode Psychosis Clinic Team

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Early Clinic First Episode Program

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