First Episode Psychosis

The Role of the School Counselor in Early Identification of Psychosis and Severe Mental Illness

Presented to the Texas School Counselor Association by Benny Malone, M.S.W. February 1, 2016
Objectives

- Identify the barriers that families must overcome in order to support and obtain help for a loved one with severe mental illness.
- Understand that mental illness is a biological disorder of the brain.
- Define first episode psychosis and identify psychotic symptoms as they may appear in children and adolescents.
- Explore ways to use an At-Risk Protocol for Early Warning Signs in Students.
Objective 1

Barriers Faced by Individuals and Families
Barriers

- Stigma
- Misinformation
- Myths
Biological Brain Disorders & Violence

Jared Lee Loughner  
Tucson, Arizona  
Gabrielle Gifford Shootings  
January 8, 2011  
Killed 6  
Injured 12

James Holmes  
Aurora, Colorado  
Batman Movie Theater Killings  
July 20, 2012  
Killed 12  
Injured 70

Adam Lanza  
Sandy Hook Elementary School Shooting  
December 14, 2012  
Killed 28 (including self)  
Injured 2
Myths and Facts

**Myth:** People with mental health problems are violent and unpredictable.

**Fact:**
- The vast majority of people with mental health problems are no more likely to be violent than anyone else.
- Only 3%-5% of violent acts can be attributed to individuals living with a serious mental illness--*which means 95-97% of violent acts are committed by the rest of us.*
- People with severe mental illnesses are over 10 times more likely to be victims of violent crime.
- Many people with mental health problems are highly active and productive members of our communities.
Myths and Facts

**Myth:** Personality weakness or character flaws cause mental health problems. People with mental health problems can snap out of it if they try hard enough.

**Fact:** Mental health problems have nothing to do with being lazy or weak and many people need help to get better. Many factors contribute to mental health problems, including:

- Biological factors, such as genes, physical illness, injury, or brain chemistry
- Life experiences, such as trauma or a history of abuse
- Family history of mental health problems
Objective 2

Mental Illness is a Brain Illness.
Mental Illness: A Biological Disorder of the Brain

<table>
<thead>
<tr>
<th>Brain Biology</th>
<th>Sensory Brain Functions</th>
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<tr>
<td>including:</td>
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<tr>
<td>chemistry</td>
<td>mood</td>
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<td>neuronal circuitry</td>
<td>perception</td>
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<td>organic/physiological development</td>
<td>behavior</td>
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<td>cognition</td>
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Mental Illnesses Are:

- Biological brain disorders, often involving psychotic symptoms.
- Very common, affecting 1 in 10 children and 1 in 5 adults, with 75% of individuals diagnosed by age 24.
- Equal opportunity diseases.
- Likely chronic, life-long illnesses.
- Devastating to ill persons and their families.
- Accountable for the most dollars spent in a federal disability category.
- Treatable and many people are able to recover enough to live productive lives.
Mental Illnesses Are Not:

- Anybody’s fault and are not caused by poor parenting or weak character.
- Preventable or curable at this time.
- Deserving of the shame and stigma attached to them.
- Treated promptly. Almost half of youth ages 8 to 15 and 60% of adults (needing treatment) received no mental health services in the past year.
- Treated in hospitals. Jails and prisons now hold 3 times more seriously mentally ill persons than hospitals.
Severe Mental Illnesses

- Schizophrenia Spectrum Disorders
- Bipolar and Related Disorder
- Depressive Disorders
- Anxiety Disorders
Objective 3

First Episode Psychosis in Children and Adolescents
Psychosis

Psychosis is a condition characterized by loss of contact with reality and may involve severe disturbances in perception, cognition, behavior, and feeling.

Approximately 3% of people will experience a psychotic episode at some stage in their life. Usually a person’s first episode occurs in adolescence or early adult life.

Psychosis is not present in all cases of mental illness, nor is it present only in mental illness.
Symptoms of Psychosis

**Positive Symptoms**
- Hallucinations
- Delusions
- Disorganized Thinking
- Anosognosia (I am not sick!)

**Negative Symptoms**
- Diminished range of emotion
- Poverty of speech or thought
- Loss of motivation; unable to be goal-directed
Psychosis: Stress-Vulnerability Model

**Environmental Risk Factors**
- Psychosocial stress
- Physical stress
- Trauma—war, crime victimization, natural disaster, family violence, serious injury, child sexual and physical abuse
- Sleep disturbances*

**Biological Risk Factors**
- Genetic predisposition or family history
- Neuro-developmental origin, injury, or illness
- Uneven brain development in adolescence—affective and cognitive control centers develop at different rates.
- Existing diagnosis of other brain disorder, e.g., Autism Spectrum
- Sleep disturbances*
First Episode Psychosis

Prodromal Phase

Vague symptoms which fluctuate, appearing and shifting over time. Include subtle changes such as:

- Unusual or heightened perceptions
- Magical thinking
- Unusual fears
- Uncharacteristic or peculiar behavior
- Reduced emotional and social responses
- Problems with memory and concentration
- A perception of one’s self being “different” from others
- Reduced or increased sleep, appetite, and motivation.
First Episode Psychosis

**Acute Phase**

Typical symptoms of psychosis appear, first positive symptoms usually followed by negative symptoms

- Hallucinations
- Delusions
- Disorganized thinking
- Decreased motivation, energy, and interest
- Blunted affect, withdrawal
- Decrease in richness of inner mental life
First Episode Psychosis

Recovery Phase—With Treatment

Issues to be dealt with in the recovery phase include:

- Helping person and family understand the illness and see the need for treatment.
- Helping the person regain the confident sense of self that will help foster a return to the previous level of functioning.
- Providing assistance with housing, employment, and school.
- Educating about relapse prevention.
Possible Signs in Children and Adolescents

- Worrisome drop in grades
- New trouble thinking clearly or concentrating
- Onset of suspiciousness/uneasiness with others
- Decline in self-care or personal hygiene
- Spending a lot more time alone than usual
- Increased sensitivity to sights or sounds
- Mistaking noises for voices
- Unusual or overly intense new ideas
- Strange new feelings or having no feelings at all

Source: National Alliance on Mental Illness
http://www.nami.org/Learn-More
Objective 4

At-Risk Protocol for Early Warning Signs in Students
Two Real-Life Examples

Mary Ann
(diagnosis of Schizophrenia)

- I do not remember most of my childhood.
- I had voices and delusions in elementary school.
- From 3rd to 7th grade, I felt detached from reality.
- By high school, I felt angry and jealous of my peers.

Now a writer and mental health advocate.

Rick
(diagnosis of Schizoaffective Disorder)

- I started feeling weird in Jr. Hi.
- I knew I was different from others.
- I didn’t feel happy.
- I thought being weird, different, and not happy were normal.

Now a college student and mental health advocate.
At Risk Protocol for Early Warning Signs in Students

- General Instructions
- Limits to this protocol
- Observations or concerns expressed by others who know the student
- Data/Student Records
- Anecdotal Data
- Reports by Student—experiencing “weird” thoughts, feelings, sensations
Activity

- Work in pairs or small group.
- Select a student profile to assess.
- Using the template provided, practice completing the At-Risk Protocol for Early Warning Signs in Students.
- Share your ideas with the large group.

Roles—Counselor, Recorder, Colleagues, Reporter
Just the Facts!

- Biological brain disorder
- Hits young people first
- Increased teen risk from uneven brain maturation
- Affects 1 in 10 children and teens; 1 in 5 families
- Symptoms increase with stress
- Genetic component
- Trauma component
- Pre-existing diagnosis of another brain disorder
Best Practices: Integrated Treatment Approach

**Medication**
Antipsychotics, Antidepressants, Mood Stabilizers

**Psychotherapy**
Family and Individual Therapy

**Psychosocial Support**
Family Psycho-educational Program, Peer Groups, Substance Abuse Intervention, Housing, School, Employment, Jail Diversion

**Crisis Intervention**
Crisis Intervention Team, Assertive Community Treatment, Assisted Outpatient Treatment, Hospitalization
Education and Support Resources for Mental Illness

National Alliance on Mental Illness (NAMI)  
www.nami.org

Mental Health America (MHA)  
www.mha.org

American Psychosis  
by E. Fuller Torrey, M.D.

When Someone You Love Has a Mental Illness  
by Rebecca Woolis

Psychotic Rage! A True Story of Mental Illness, Murder and Reconciliation  
by Benny Malone
Thank you!

Please advocate for children and adolescents with severe mental illness.

If you don’t, who will?

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