

Factors Affecting Outcomes

Factors that lead to positive outcomes:



- Abstinence from substance use (especially marijuana)
- Control over stressful life events
- Improving cognitive functioning (working on increasing attention, memory, information processing, and problem solving skills)
- Medication compliance (especially antipsychotics)
- Healthy nutrition

Factors that may lead to negative outcomes and predictors of a more challenging course of illness:



- Poorer pre-morbid school and social function
- Prominent negative symptoms

Developing Countries

Met Criteria for Remission 63%

Socially Impaired 16%

Developed Countries

Met Criteria for Remission 37%

Socially Impaired 42%

In a 15 year follow up with 9 diverse sites, the strongest predictor of long-term outcomes was the amount of time the patient was psychotic in the first two years after illness onset. Relapse prevention through maintenance antipsychotic use may improve long-term outcomes.

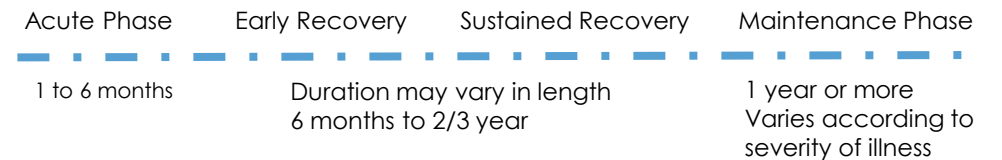
(World Health Organization: International Pilot Study of Schizophrenia, 2001)



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Phases of Recovery

PSYCHOSIS



Psychotic illnesses pose tremendous challenges for individuals and families experiencing them, including confusing and often frightening symptoms, medications, and life changes along the path of recovery. This brochure will provide facts about psychosis, plus a general overview of potential goals and challenges during each phase of the illness.

Understanding the phases of illness can provide a frame of reference and help everyone involved (the individual, the family, and the treatment providers) understand what may be most needed and appropriate for the person with the illness as they progress. Although everyone's journey will be different and is unlikely to be a linear process, support and understanding of each phase can make it a smoother road.




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The Acute Phase

The intense period encompassing the initial episode of psychosis.

These episodes frequently begin during late adolescence when the teenager still lives at home, or when the young adult is away at college, or has just entered the world of work. Family members may become re-involved in the lives of these young adults as they return to live at home during the acute phase of the illness following possibly a hospitalization as they navigate their way to recovery. As with the onset of any major illness, the family finds itself redirecting energy and resources from existing activities and routines to attend to the young adult in need.

The table below lists some of the challenges families face and coping strategies to deal with them.

<p>Goals</p> 	<ul style="list-style-type: none"> • Decrease positive symptoms • Elimination of positive symptoms if possible
<p>Challenges for Clients</p> 	<ul style="list-style-type: none"> • Taking medications regularly • Learning about psychosis • Learning how to communicate with health care providers • Stop use of street drugs (if applicable) • Creating structure at home
<p>Challenges for Families</p> 	<ul style="list-style-type: none"> • Monitoring symptoms • Learning about psychosis and "The Stress Vulnerability Model" • Increasing the understanding of the needs of your son/daughter • Managing increased dependency and some regressive behaviors (ex. Clinging, tantrums, etc.) • Dealing with feelings of confusion, shock, disbelief, denial)

Average Age of Onset



29



25

About 75% of individuals experience onset between the ages of 15 to 30

Recovery



9/10 individuals recover from a first psychotic episode



9/10 individuals will relapse within three years if they stop taking antipsychotics



1-2 individuals out of 10 have mild schizophrenia (mild or no relapse, no development of persistent symptoms)



7-9 out of 10 individuals can have sustained recovery with good illness management



2-3 out of 10 individuals will have sustained recovery with poor illness management



1 out of 10 individuals experiencing persistent psychotic symptoms do not respond well to available antipsychotics



1 out of 10 individuals that develop schizophrenia eventually die by suicide (with conventional treatment)

In this stage of the illness, it's important to: provide support and comfort

- minimize stress and pressure in the environment
- avoid power struggles about medications and treatment
- not try to convince them that their experiences are not real
- find a balance between engaging them in family activities and recognizing their need to sleep and avoid stress
- communicate in short sentences
- provide structure.

Facts About Psychosis and Recovery

Psychotic illnesses are the result of the continual interaction of specific biological disorders of the brain with specific psychosocial and environmental stresses.

Course of Illness

Long-term outcome varies from sustained recovery to episodic phases with recovery between episodes to chronic disabling or residual symptoms. Women tend to have a less severe course.

Symptoms & Domains Affected

Positive Symptoms: Symptoms that are added to the normal range of experience, such as auditory and visual hallucinations, delusional beliefs (paranoia, thought broadcasting, thought insertion, that other people are talking about or making fun, perceiving ordinary events as having a special meaning)

Negative Symptoms: Symptoms that reflect a deficit in normal behavior, for example, flat affect or decreases in emotional responses

Cognitive: Deficits in mental processing speed or ability to think clearly and concentrate. Not always stable through the course of recovery; can improve, remain stable, or decline

Dysphoric Mood: Depression, anxiety, irritability, lability (frequent ups and downs)

Social: Changes in relationships with peers, isolation, or withdrawal

Vocational: Changes in performance at work or school

The Recovery Phase

As individuals with first psychotic episodes emerge from the Acute Phase of the illness to the Early Recovery Phase, some may still experience residual positive symptoms. For others, symptoms will have subsided. Recovery is comprised of two elements: 1) the elimination or reduction of symptoms and 2) the resumption of functioning on the developmental trajectory. A gradual return to normalcy is the focus rather than resuming quickly to previous levels of activity, autonomy, and stress!

Families should be vigilant for the possible emergence of:

- Negative symptoms (ex. decreased emotional expression of pleasure in previously enjoyable activities, decreased speech)

Beginning Recovery

Challenges for Clients



- Rediscovering their sense of self
- Making sense of what has happened
- Putting the pieces together
- Adjusting to being back home, and experiencing “Push and Pull” relationships
- Yearning for autonomy and fearing the individuation process, or return to independence
- Comparing themselves to peers or siblings (achievement etc.)
- Dealing with feelings of embarrassment or shame
- Recognizing that denial or other defense mechanisms may still be strong
- Learning illness management skills
- Learning stress management techniques

Challenges for Families



- Grief, loss, and high anxiety
- Stigma issues—feelings of anger, shame, or embarrassment
- Making sense of what happened
- Impact of the illness on family members and their relationships; impact on siblings
- Boundary formation and limit setting
- Setting concrete limits on disturbing behavior
- Establishing structure
- Adjusting roles in the family
- Adjusting expectations

Restoring Balance



Challenges for Clients: Learning to recognize symptoms, early signs, and triggers

- moving from denial to acceptance
- feeling of having reached a plateau and not moving
- and mastering illness management skills

Challenges for Families: Learning early warning signs

- setting expectations and goals
- acceptance

The Maintenance Phase

Preventing Relapse



Goals:

- Continue medication regimen
- Decrease therapy involvement
- Review and adjust relapse Prevention plan