THE DORM
CELEBRATING 15 YEARS

Psychosis in Young Adults

Parent Collective

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Objectives:

- Learn to identify and explain signs and symptoms of psychosis in young adults (including changes in perception, thinking and behavior)
- Explore ways for families to support young adults through experiences of psychosis in a manner that encourages autonomy and dignity
- Connect and converse with fellow Dorm families

How would you define psychosis in one word?

What is psychosis?

Psychosis is a mental health condition characterized by a disconnection from reality. People experiencing psychosis may have:

- **Delusions** – strong beliefs that are not based in reality (e.g., believing someone is plotting against them when it's not true).
- **Hallucinations** – sensing things that aren't actually there (e.g., hearing voices or seeing things that others don't).
- **Disorganized thinking or speech** – trouble organizing thoughts or communicating clearly.
- **Impaired insight** – often not recognizing that their experiences are symptoms of a mental condition.

PSYCHOSIS EXISTS ON A SPECTRUM AND IS DIFFERENT FOR EVERYONE!

Positive Symptoms

These are **"added" experiences.**

Examples include:

- **Hallucinations**
  - Sensing things that aren't real (e.g., hearing voices, seeing things that aren't there).
- **Delusions**
  - Beliefs held despite evidence to the contrary (e.g., paranoia, believing you have special powers).
- **Disorganized thinking or speech**
  - Trouble organizing thoughts or speaking clearly; speech may be tangential, illogical, or hard to follow.
- **Disorganized or abnormal motor behavior**
  - This can range from agitation to catatonia (lack of movement or response).

Negative Symptoms

These are **"taken away" or diminished functions**

Examples include:

- **Flat affect**
  - Reduced emotional expression (e.g., lack of facial expressions, monotone voice).
- **Alogia**
  - Reduced speech output or poverty of speech.
- **Avolition**
  - Lack of motivation or inability to initiate and persist in goal-directed activities.
- **Anhedonia**
  - Inability to feel pleasure in normally enjoyable activities.
- **Social withdrawal**
  - Reduced interest in interacting with others.

Cognitive Symptoms

Symptom	Description
Poor attention	Difficulty focusing or staying on task.
Impaired memory	Trouble remembering recent events, conversations, or instructions.
Slowed thinking	Thoughts may feel sluggish, or processing information may take longer.
Executive dysfunction	Problems with planning, organizing, or problem-solving
Difficulty with decision-making	Struggling to make choices, even simple ones.
Impaired insight	Not realizing or acknowledging that one is experiencing symptoms

How Cognitive Symptoms Affect Daily Life

- Trouble holding a conversation or following instructions
- Difficulty in school or at work due to forgetfulness or poor concentration
- Challenges in managing daily routines (e.g., cooking, paying bills, self-care)
- Social withdrawal due to feeling mentally overwhelmed

Diagnosis IS NOT

A label used to define an individual

"Stigmatizing language not only erodes self-esteem directly, but it also encourages the community to look upon those who are stigmatized with less regard and lowered expectations, which, in turn, impacts the community's willingness to provide services and resources." (Vojak, 2009)

Common Myths About Psychosis

- Myth: Psychosis only happens to damaged individuals

  Fact: Psychosis can happen to anyone and depend on a variety of social and environmental factors. Individuals who live with psychosis are in turn not damaged.

- Myth: Psychosis is the fault of parents or loved ones

  Fact: It is not the fault of loved ones when psychosis develops. As mentioned above, genetics are only a part of what causes psychosis for individuals and families should be encouraged to participate in care, not blamed for something out of their control.

- Myth: Psychosis is untreatable

  Fact: This is a common myth around psychosis. It is absolutely treatable and individuals with psychosis often life full lives. One crucial indicator of recovery from psychosis is early intervention services!

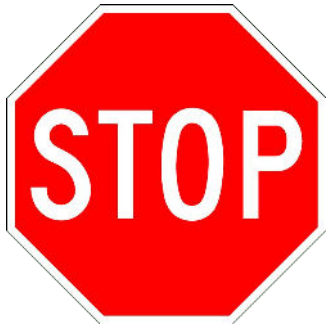
How to Practice Curious Questioning

- Don't challenge or endorse the psychosis
- Genuinely be curious
  - ***Ask!*** (“I see you keep looking over my shoulder. What are you looking at?”)
- Don't make assumptions
- Be open to different explanations and experiences
  - There can be more than one point of view
  - No "right answers"

How to Practice Curious Questioning Cont.

- Explore all possibilities
- Summarize and reflect what you have heard to check that you have understood
- Ask for feedback
- Check in ("Is it ok that I am asking these questions?")

How to Practice Curious Questioning



- Stop asking questions if you see an increase in agitation/disengagement/shutting down
- Respect privacy

The Dorm's Approach to Working With Psychosis

- Emphasizing **curiosity**, meeting clients where they are

- Using a lens that **de-stigmatizes** the experience of psychosis

The Dorm's Approach Cont.

- No one-size-fits all: success is likely the result of a combination of cognitive-behavioral, medication, and executive functioning interventions
- Some of these interventions may include:
    - Individual and group psychotherapy
    - Cognitive Remediation
    - Close communication with psychiatrists
    - Health and wellness support emphasizing nutrition, movement, and routine
    - Engagement in the community to build social support networks

Thank You!