

FROM THE FIELD

Below are a list of **tips/challenges** obtained from **professionals working** in the field of **mental health**, specifically with **emerging adults** that present with **FEP**:

Recognizing FEP

It can be hard to recognize **FEP** because it can go unnoticed for a long time. Often, by the time people receive a diagnosis of **psychosis**, it is actually their 3rd or 4th episode.

- In hindsight, **emerging adults** can see this pattern of “ups and downs” and lack clarity as to why they were doing the things they were doing.
- People often say, “**Psychosis** looks like so many other things until it is not.”
- It can be helpful to consider if the changes in personality or behavior cannot be better explained by current circumstances.

Personality change

Pay attention to **warning signs** - for example, the **emerging adult** used to be a rule follower and now they don't seem to care about breaking rules or the consequences.

Physical traits

When an **emerging adult** with **psychosis** is talking to someone **their eyes may trail** around the room as if they are looking at someone else. They also may have a **random smile**. It is very different than someone not paying attention. It is like an **internal battle of staying in contact with reality** and not giving off that they are losing grasps of reality in front of you.

Substance Use vs. FEP

It is important to talk candidly with an **emerging adult** to help separate out a mental health disorder with **psychotic** features from substance use induced **psychosis**.

- Unfortunately, **emerging adults** that experience **FEP** can have a hard time understanding the connection between substance misuse and increased psychotic symptoms, though often both are linked.
- If both are present, it is important to **address substance misuse** through **tailored substance use disorder (SUD) treatment**.¹⁶ Cutting back and/or stopping substances can **drastically decrease psychotic** symptoms.

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Interacting with emerging adults experiencing FEP

Know that behind angry statements there is fear.

Know that the feelings they are experiencing are real feelings. Offer empathy and kindness.

Be clear and direct.

Do not challenge the delusions, but also do not join the delusions. Instead say:

- "I am unable to see what you see - can you describe it for me?"
- "I'm real, I'm here, and I want you to feel safe."
- "It sounds like you are feeling frightened by these experiences."

Be open to what they are saying - what they are describing is real to them.

Address them by the name you both agreed to during your introductory meeting and answer their follow up questions with that name.

Always ask permission.

Ask their permission to talk, to approach, and to ask them questions. Additionally, wait for them to suggest that they "do not feel normal," or that they want "this to stop." Once this occurs, you can ask permission to provide insight by asking, "May I suggest something?"

Identify mutual language to use.

- Give language to the **emerging adult** to **talk about their experience** (i.e., seeing or hearing things other people did not instead of always using clinical terms like "episode" or "psychosis").
- After building rapport, state "I am here for you, how can I help?" However, never say "help get better" or "I'll help make it go away" because then you are insinuating that there is something wrong with them when they may not believe there is anything wrong. Use phrases like:
 - "You are not your diagnosis."
 - "Your diagnosis is a starting point and not an end point."
- Start with what they want and mirror their needs and desires, even if it is just getting out of the hospital ask them, "how can we work to get you out of here?" - always find commonalities and common ground.

People **have the right to experience thoughts not based in reality**, but that **does not give them the right to hurt others**.

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Interacting with emerging adults experiencing FEP

People often do not want pity - they want to be able to help you too.

This is a great outreach tool to find a passion or interest they enjoy and ask them questions. For example they may like video games. Ask them to tell you more and teach you. It gives them self-confidence that they are helping and teaching you.

Maintain a high level of patience.

Offer grace and approach a person whose personality has recently changed with curiosity and care. Validate someone's experience as being real to them.

- Take your ego out. You may be spoken to harshly and feel degraded, but do not take it personally - that is the illness not the person.
- This is why you need to get to know the person outside of the psychosis; you can help them reach those anchors that make them who they are and recognize that they are not their illness.

Be okay with being uncomfortable – the experience is likely more uncomfortable for the emerging adult.

Redefine your idea of progress, and help the emerging adult and their natural supports do the same. Some days, just getting out of bed is the win.

Recognize the emerging adult's biggest fears and realize this is life-altering.

- They are likely thinking to themselves, "What's happening to me?" and "Is this going to happen again?" – reassure them they are **not alone**, **normalize** the experience, and state that recovery looks different for each person.
- **Give emerging adults the space they need.** Asking them to describe symptoms in great detail might be overwhelming and unwelcome.

Avoid being punitive when someone is suddenly exhibiting defiant behaviors.

If you are a professional that must assess for safety, try to **avoid reading symptoms** from a **checklist** and **ask questions** in a way you'd want your loved one to be asked. "Can you tell me more about that experience?"

Involve emerging adults' natural supports (parents, partners, or other people close to them) as they may be more reliable reporters of changes.