

Early Support, Lasting Recovery:



A guide for supporting and connecting
individuals with care for early
psychosis in Washington State



Connect with your local New Journeys program

Local New Journeys program:

Phone number:

Email:

This guide was developed by the
Washington State Center of Excellence in
Early Psychosis, in partnership with the
University of Washington, New Journeys
Network, and the Washington State Health
Care Authority (HCA).



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Making a referral while staying connected
and supporting recovery

About Early Psychosis Care in Washington State



Washington State is dedicated to expanding access to high-quality, equitable care for individuals experiencing early psychosis. This effort is grounded in collaboration among state agencies, researchers, clinicians, and community partners. Early psychosis refers both to individuals at high risk of developing psychosis and to those who have experienced a first episode of psychosis (FEP) within the past approximately two years.



New Journeys is an evidence-based Coordinated Specialty Care (CSC) model designed for adolescents and young adults (ages 15–40) within two years of a first episode of psychosis. It provides more intensive support than traditional outpatient care and is tailored to meet the unique needs of individuals in the early stages of psychosis. The program emphasizes recovery defined by the goals that matter most to each person and including their family or key supporters in care. New Journeys teams use routine outcome monitoring and measurement-based care to track progress, inform shared decision-making, and guide continuous improvement in services.

When individuals are not eligible for or interested in New Journeys services, there are other community resources that are available.

[Resource list](#)



New Journeys

An Early Intervention Program for First Episode Psychosis



New Journeys is evidence-informed recovery-oriented outpatient care for individuals aged 15-40 who are experiencing new and unexpected changes in their perceptions and thinking, referred to as "first episode psychosis" (FEP).

There are teams across the state of Washington that offer comprehensive and personalized support.



Peer Support



Personalized Therapy



Help with Medication Decisions



Employment & Education Support



Symptom and Stress Management



Support and Education for Families

Serves people...

Age: 15-40 years old

Location: Resident of a region where New Journeys services are available

Symptoms: Psychotic symptoms have been present between 1 week and 2 years



When in doubt, reach out!

Visit www.newjourneyswashington.org to get more information and to contact our team

Or use the QR code to submit a referral to New Journeys

This a program supported by the UW SPIRIT Center and funded by Washington State Health Care Authority (HCA) through the Federal Mental Health Block Grant

Understanding Psychosis



Psychosis refers to a set of symptoms that can affect how a person experiences reality, such as seeing or hearing things others don't (hallucinations) or having strongly held unshared beliefs despite conflicting evidence (delusions). It can make it difficult to distinguish what's real. Although psychosis can occur in many contexts, psychotic

disorders like schizophrenia or schizoaffective disorder are diagnoses in which psychosis is a central feature. Psychosis can also appear in mood disorders, such as bipolar disorder or major depression with psychotic features, or occur due to stress, sleep deprivation, substance use, or medical issues.



Signs and Symptoms of Psychosis



When symptoms of psychosis emerge, there is often a noticeable change for the person. They may seem less connected to others or their world than they used to or act differently than people around them. **Although common psychosis experiences are outlined below, there are diverse ways that individuals can experience psychosis.**



Perception without external sensory input (hallucinations)

Individuals experiencing psychosis may start to hear, see, feel, smell, or taste things that other people do not.

Examples:

Hearing whispers, voices, or noises others don't perceive. Seeing shadows, figures, or distortions (e.g., wavy lines, extremely bright colors). Sensing touch, tastes, or smells with no external cause (e.g., feeling "pinpricks" in the shower).

Early signs:

Feeling like the mind is "playing tricks" (brief illusions or heightened senses), increased sensitivity to stimuli (light, sounds, touch). Loved ones may observe the person talking or mumbling to themselves or reacting to things not apparent in the environment.

Unusual beliefs (delusions)

These are ideas, assumptions, or beliefs that others don't have that may cause distress, lead to concerning changes in behavior, or contribute to feelings of isolation when misunderstood. These beliefs can range from improbable to impossible and bizarre.

Examples:

Fears of being harmed, watched, or tracked. People may worry about being possessed, become hyper-focused on a certain thing they have done wrong and cannot move past, or express fears that others are trying to harm or control them. Someone might become preoccupied with religious ideas in a way that differs from their faith's norms or may overinterpret or personalize information (e.g., believing a news anchor is talking about or signaling to them).

Early signs:

Growing suspicious of others, causing them to be more irritable and isolative. Individuals may engage in behaviors that seem "odd" or out of context, such as covering windows for "protection," wearing particular garments, poor hygiene, or warning others of perceived threats. They might follow new superstitions outside cultural norms, always carry certain objects (e.g., a mirror), or place signs warning about things like Wi-Fi. Individuals may experience heightened anxiety, irritability, and withdrawal.

Disorganized speech

Individuals who experience psychosis may have disruptions in the way that they think or speak, making it hard for others to follow.

Examples:

Jumping quickly between unrelated ideas. Difficulty answering questions coherently or staying on topic. Making up new words or phrases. Suddenly stopping mid-sentence or repeating the same sound/word.

Early signs:

Confusion, trouble following multi-step tasks. Individuals may start to have more difficulty speaking, and loved ones may notice that they are jumping from topic to topic, often with related words. Their sentence structure may become less clear than before, or they may start talking a lot about a particular word or concept. Trouble thinking clearly or concentrating.

Abnormal movements and behaviors

Individuals newly experiencing psychosis may start to move (or not move) their body in ways that they didn't before. Individuals may adopt sudden or unusual movements.

Examples:

- Staying still or “frozen” in awkward positions (like a mannequin).
- Repetitive or exaggerated movements.
- Unintentional mimicry of other people's actions.

Loss of drives

In early psychosis, individuals may lose motivation and pleasure in once-enjoyed activities or routines (e.g., gaming, showering). They might withdraw socially, speak less, and show fewer emotions. These changes can be distressing and disrupt school, work, or relationships.

Examples:

- Reduced drive to start or complete activities (e.g., hobbies, daily tasks like showering).
- Withdrawing from friends, family, or social events.
- Speaking less or displaying fewer facial expressions and emotions.
- Emotional expression (affect) may appear flattened, with fewer facial expressions or a restricted range of emotion.
- Some individuals struggle with eating, drinking, or hygiene—sometimes due to disorganized thinking or fears (e.g., food safety).
- Social withdrawal is also common, which can cause isolation from friends and family.

Early signs:

Subtle drops in energy or interest in activities, social activities. Changes in grades, job performance, or other activities. Decline in self-care or personal hygiene. Withdrawing from family and friends and spending a lot more time alone than usual. Stronger emotions (anxiety or sadness) than usual or having no emotions at all.

Misconceptions of Psychosis



Movies and media often portray unrealistic depictions of psychosis that contribute to psychosis stigma.

In this section, we set the record straight on common myths and misconceptions about psychosis.

Myth

Psychosis is uncommon

Fact

Many people experience psychosis

Actually, many people experience different forms of psychotic and psychotic-like experiences throughout their lives. Overall, at least 6% of the population have experienced at least one hallucination or strongly held unshared belief in their lifetime. Many cultures across the world recognize psychotic and psychotic-like experiences as common to the human experience.

CITE: McGrath, Saha, Al-Hamzawi et al. (2015). A cross-national analysis based on 31,261 respondents from 18 countries. JAMA Psychiatry, 72(7), 697-705. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2298236>

Myth

People who experience psychosis are “crazy” or “violent”

Fact

People who experience psychosis are more likely to be victims of violence

People experiencing psychosis are more likely to be victims of violence than they are to be perpetrators. Additionally, many people experience psychosis throughout their life, particularly under extreme or stressful experiences. Because you cannot tell who has psychosis, you may already know someone with psychosis. There are many examples online of people who share their psychosis experiences. For example, Dr. Eleanor Longden is a researcher and clinician in the UK who has a TED Talk describing her experiences, and you can find recovery stories online on the New Journeys website.

Myth

There is no treatment for psychosis or medications are the only treatment

Fact

Treatment for psychosis works

Multiple medications have proven effective for psychotic disorders, but medication is only one piece of treatment. Research has found that there are multiple evidence-based psychosocial services. Cognitive behavior therapy for psychosis, vocational/educational support, and peer support can significantly improve outcomes. Research also finds that when individuals' families are less distressed, they become less distressed as well. Family interventions have been found effective to support individuals with psychosis. Overall, the American Psychiatric Association (APA) guidelines in 2020 recommend that individuals newly experiencing a first episode of psychosis participate in the above services in a team-based model. This model, Coordinated Specialty Care (CSC), has become the gold standard and is available in Washington through New Journeys.

Myth

Psychosis is a chronic, lifelong condition

Fact

Many people experience psychosis only for a brief time

Some people with psychosis have experiences of psychosis over the course of their life, but many people have psychosis experiences only for a brief period. After 4 years of treatment, 55% of young people who experienced a first episode of schizophrenia were partially or fully recovered. 10% of those recovered were no longer in treatment. Importantly, having confidence in treatment providers and less stigma in society made it more likely that individuals would experience recovery.

CITE: Torgalsboen, Fu, & Czajkowski (2018). Resilience trajectories to full recovery in first-episode schizophrenia. European Psychiatry, 52, 54-60.

Risks and Protective Factors



There are many things that can cause psychosis or make it worse. **Below are a few common risks and protective factors.**

Common cause

Medical conditions

Higher risk for psychosis:

Undiagnosed or untreated medical issues (e.g., neurological conditions, infections)

Protective influence:

Medical evaluation and treatment of underlying conditions

Common cause

Substance use

Higher risk for psychosis:

Use of methamphetamines, steroids, cannabis, or diet pills; withdrawal from alcohol/opioids

Protective influence:

Avoiding or reducing use of substances, especially for those with family history

Common cause

Sleep

Higher risk for psychosis:

Sleep disruption or deprivation

Protective influence:

Consistent, restorative sleep and healthy sleep habit

Common cause

Stress and trauma

Higher risk for psychosis:

Ongoing or severe stress, trauma, grief, abuse, bullying

Protective influence:

Stress management skills, trauma-informed care, and safe environments

Common cause

Social support

Higher risk for psychosis:

Social isolation, loneliness, or lack of community connection

Protective influence:

Strong support from family, peers, and specialized mental health providers

Common cause

Living environment

Higher risk for psychosis:

Unstable, unsafe housing; exposure to violence or substance misuse in the home

Protective influence:

Stable, safe housing with supportive routines and positive social interactions

Common cause

Physical health and wellness

Higher risk for psychosis:

Lack of physical activity, poor diet, or lack of access to medical care

Protective influence:

Regular physical activity, nutritious diet, and routine healthcare

Common cause

Access to care

Higher risk for psychosis:

Delayed diagnosis, stigma, or lack of mental health supports

Protective influence:

Access to mental health care and engagement in specialized care (e.g., coordinated specialty care)

Common cause

Genetic/developmental risk

Higher risk for psychosis:

Family history of psychosis or early neurodevelopmental concerns

Protective influence:

Regular check-ups with a psychiatric care provider; exploring biological interventions like medications.

Common cause

Cultural/systemic factors

Higher risk for psychosis:

Discrimination, misdiagnosis, lack of culturally responsive care

Protective influence:

Equity-focused, culturally competent providers and system navigation support

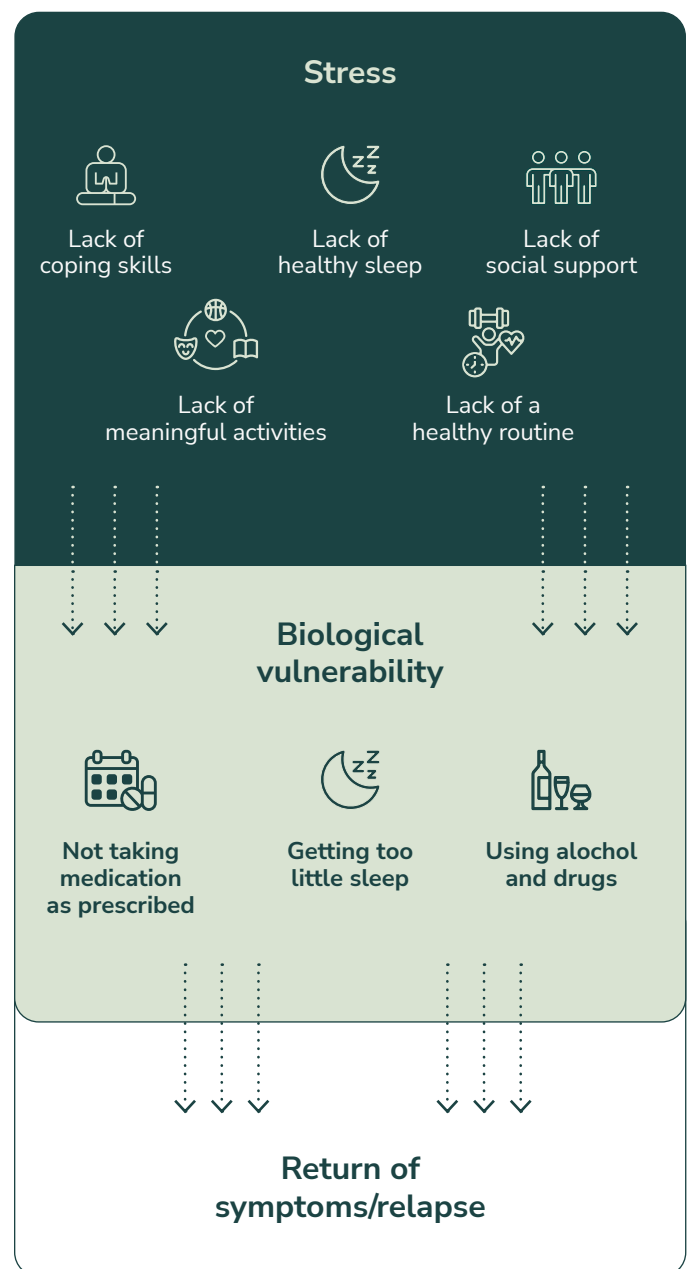
Stress-Vulnerability Model



The stress-vulnerability (or stress-diathesis) model refers to the idea that developing a mental health condition, such as a psychotic disorder, is an interaction of both biological aspects and environment.

“Stress” in this model refers to the idea that an individual’s risk for experiencing psychosis increases when an individual experiences some kind of life stressor and is vulnerable to psychosis (based on biology). Stressful life experiences can include trauma, a life change, or difficulties at school, work, or socially. Other stressors may include using substances, especially substances like marijuana or stimulants that have been found to increase the risk of psychosis. Importantly, some people will experience very high amounts of stress and never experience psychosis, whereas other people will experience low levels of stress that will lead to psychosis.

“Vulnerability” or “diathesis” in the model refers to an individual’s biological predisposition to develop psychosis. These can include having a family history of psychotic disorder or the course of an individual’s brain development. These vulnerabilities alone do not cause psychosis. Some people have an increased risk for psychosis but may never develop it unless major stress or other triggers occur.



How You Respond Matters



Trusted adults—whether in schools, clinics, or the broader community—can play a powerful role in how a young person makes sense of early changes in thoughts, feelings, or behavior. The way you respond in these moments can help reduce fear and shame, foster trust, and keep the door open to further support.

This section offers general communication tips for anyone concerned about a young person, along with tailored guidance for school staff and medical professionals. Whether you have known the young person for years or are just meeting them, a compassionate, non-judgmental approach can create a bridge to recovery—and to care options like New Journeys.



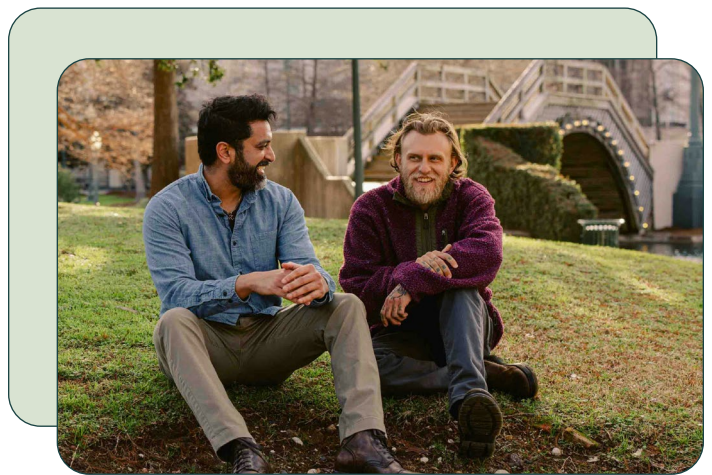
Providing Initial Support



Engaging in supportive conversation

It can be challenging to follow a conversation when you are experiencing voices or other distressing experiences. Being present and engaging in genuine conversation with someone experiencing psychosis can help ease their feelings of fear, isolation, or confusion.

Here are suggestions for having a calm, respectful, and caring presence that can show how you value the person.



Talk in a clear, concise manner



- Make the conversation easy to follow.
- Keep sentences short, direct and speak slowly.
- Ask one question at a time.

Leave time for responses and processing



It is important that individuals have time to think through answers, and that you give as much time as is needed for individuals to respond. Be patient and stay attuned to let them know you are listening. Some people find counting to 10 helpful.

Stay calm and regulated



Stress can intensify psychosis. Be mindful of speaking in a calm tone of voice and showing relaxed body language. You can moderate your emotions to help them do the same. If you need to calm down, it is okay to let the person know that you want to take a break from the conversation.

Validate emotions



It's common to find it challenging to validate someone's experience when their beliefs differ from your own. However, you can validate emotions. For instance, if someone believes they're being followed, you might respond with, "I can see you're feeling very scared," or "That sounds overwhelming."

Avoid arguing or debating strongly held beliefs

Arguing about fixed beliefs can make someone feel unheard or confused. When someone expresses fear – such as believing they're being attacked – it's important to respond in a way that acknowledges their emotions without disputing their perceptions. Instead of saying, "No one is trying to attack you," you might say: "That sounds really upsetting. I'm here with you."

Ask questions to understand

To better understand the person's experience, ask open-ended questions or prompts such as "Help me understand..." or "Then what happened?"

Use the other person's language

People describe their experiences in diverse ways, using terms like "hearing voices," "seeing visions," "encountering spirits," or "experiencing shifts in time and space." It's important to adopt the language they use when discussing their experiences. By respecting and using their terminology, you foster a trusting, supportive relationship.

Validate experience

Telling the person that it "makes sense" they are feeling fearful or confused can help them feel more comfortable sharing their experiences. Phrases like "I would feel the same if it were happening to me" can also be supportive.

Use reflective listening skills

Reflecting what you are hearing from them, using their own words, and checking for accuracy can show you are listening and encourage the person to share more. Phrases can be short and simple, such as, "At night you can hear someone whispering to you when you sleep but you don't see them. Is that right?"

Give choices

Support individuals to make decisions, including what they are doing right now and change of environment (e.g., "Would you like to sit over here or by the door?" "Would you like to go outside?").

Don't mistake disagreement about mental health for refusal of help

Some individuals may not see their experiences as a mental health concern. That doesn't mean they don't want support—they may just be focused on other perceived needs (e.g., safety, spiritual, or medical concerns). Try offering help for what they are open to—like managing stress, fear, or confusion.

Limit stimulation if needed

Bright lights, crowded hallways, or loud environments can increase stress. Reduce sensory input if needed.

Maintain clear boundaries

Be warm and compassionate, but also consistent and structured. This helps the person feel safe.

Know when to refer

You don't have to be the expert. Know the local early psychosis services or crisis lines and when to seek help.

Upholding respect: supporting someone who is not verbally or physically responding

When engaging with someone who is not responding, disoriented, or having trouble taking care of their basic needs, **it is essential to continue to maintain presence, empathy, and respect**. Even if someone is not verbally or physically responding to you, a respectful and caring presence can have a meaningful impact. Avoid discussing the individual as if they are not present, which can make people feel disrespected or unheard. Instead, convey that you are caring and respectful of the person through your body language, words, and actions.



Some ideas of supportive actions may include:

Sit with the person



Describe to the person what is happening



Give water and/or food



Offer hygiene products or other necessities



Ask if they would like to go outside or another place



If appropriate, bring another trusted person



Addressing Misconceptions About Violence



Most individuals with psychosis are not dangerous and are more likely to be victims than perpetrators of harm. Unfortunately, the media often wrongly associates psychosis with violence. People experiencing psychosis may sometimes feel overwhelmed by fear, confusion, or stress. These feelings can show up as agitation, withdrawal, or frustration.

Your role: Regulate first, then relate

Your calm presence can set the emotional tone. People in stress often mirror the emotional energy of those around them. By regulating your own emotions first, you can help de-escalate the situation.



Grounding techniques that can help

You can help someone feel safer and more in control by using the simple techniques listed below.

Offer a quiet space: Reduce noise, stimulation, and crowds if possible.

Breathe together: Invite the person to take a few slow breaths with you, in through the nose, out through the mouth.

Name the emotion: Name It to Tame It is a simple, science-backed technique. The simple act of labeling emotions can calm intense feelings like fear and anger.

Look-Point-Name: Help the individual return to the present moment by engaging their senses and connecting with their surroundings. It involves looking at an object, pointing to it, and then naming it. This simple exercise can be helpful for managing intense emotions and reducing attention on internal experiences.

Challenging the Stigma, Not the Person



It’s important to remember that distress does not equal danger. Avoid labeling or assuming intent of someone’s behaviors. Instead of focusing on stopping behavior, try to support the underlying need—for safety, connection, or relief from distress.

Aim for the middle-ground approach

When supporting someone with distressing psychosis experiences, aim for a middle-ground approach: Avoid minimizing their experience or implying they don’t need support. Avoid pushing them toward care in a way that feels coercive or controlling. Instead, be curious, supportive, and collaborative.

Dismissive	Supportive	Anxious
<p>“That’s not my job.”</p> <p>“Everyone’s stressed. Deal with it.”</p> <p>“Don’t worry. The voices are not real.”</p>	<p>Responding with care. Calm, validating, and grounding support.</p> <p>“I’m concerned about how you are feeling. Let’s talk through our next steps.”</p> <p>“That sounds really difficult to hear voices tell you things that are scary. I want to support you.”</p>	<p>“You need to stop talking like that right now.”</p> <p>“People who hear voices need to go to the hospital.”</p>

Understanding What Someone Is Experiencing



Trusted community members play a vital role in supporting individuals in the early stages of psychosis. A calm, compassionate presence can reduce distress, help make sense of confusing experiences, and facilitate a connection to appropriate care and support services.

You can use the following questions to explore what someone is experiencing. If appropriate, the information you obtain from gentle curious inquiry can be relayed to their care team.



Sample questions

- I'm noticing you seem upset. What has been happening for you?
- Do you ever get confused whether things are real or imaginary?
- Have you felt that your ability to think has changed in some way?
- Do you ever hear voices or other sounds that other people don't?
- When did you first start noticing this?
- How often is it happening?
- Is it becoming more frequent or more intense?
- What do you usually do when this happens?
- How has it affected your daily life (e.g., school, work, relationships, or getting outside)?

Connecting to Care and Support



Starting the conversation

When initially connecting someone to care, it is important to balance giving the individual the space to talk, explore their experiences with a trusted person, and connecting them with a professional who can provide specialized expertise. The questions to the right are examples of how you might start this conversation. Based on your role, you might find that certain questions are more or less appropriate, and you may need to pursue a Release of Information (ROI) or other paperwork. Make sure to follow the professional code and ethics of your profession and organization, while leaving space for a genuine conversation.

You may need to obtain the young person's written consent to share information you obtain with others.



Initial questions

- Who else have you told about your experience?
- What kind of support would be most helpful for you right now?
- I'm glad you felt safe to share this with me. Who else in your life do you trust with personal information?

Connection questions

- What would be helpful about getting mental health support?
- Would you be open to my referring you to a specific mental health provider?
- New Journeys is a program that offers mental health support for individuals with similar experiences. Would you be open to hearing more about it?
- How can I best support you in your next steps?
- What would make you feel safe and respected in the process of seeking care?

Recommending mental health care and New Journeys

When offering a specific program like New Journeys, try to align the recommendation with the person's own concerns and goals. Here are some examples of supportive, respectful ways to introduce the idea:

- “It sounds like you're going through something intense, and you've been handling a lot on your own. There's a team I know that helps people make sense of experiences like these—they really take time to listen and don't jump to conclusions.”
- “This program is called New Journeys. It's built for people who are going through what you're describing—they offer support with stress, sleep, confusion, voices, or beliefs that feel hard to manage.”
- “We can go on the website together to explore the kinds of things they have to offer.”
- “You don't have to commit to anything—just talking with them might help. Would you be open to learning more or meeting someone from the team?”

Supporting within my role

As an important person in a young person's community, you have the opportunity to recognize symptoms and encourage them to get help. The support you provide to someone with psychosis may look different depending on your role. **In this section, we provide some additional information for community leaders.**

1 Educators

School professionals play a vital role in supporting young people experiencing psychosis. They can provide education about psychosis to students and their families, partnering with New Journeys or your local community mental health agency, referring students, and providing accommodations.

Educate

Schools are where youth receive the knowledge that shapes their perceptions and helps develop their opinions and attitudes. Therefore, it is an ideal setting to provide education on mental health challenges like psychosis. Raising awareness is an invaluable tool for combating stigma and dispelling common myths (e.g., people with psychosis are violent). It encourages young people to speak honestly about their experiences with psychosis and to seek help when needed.

Distribute informational materials such as those presented in this booklet and the New Journeys flyer, which is available in nine languages.

Promote psychosis awareness in the school. It can be as simple as a one-class info session or inviting a New Journeys guest speaker to a school assembly.

Learn more about psychosis. You can find many more resources on the websites for New Journeys First Episode Psychosis or the Washington State Center of Excellence in Early Psychosis.

1 Educators

Community partnership

Schools can seek out resources in their communities to support students with psychosis. Many schools partner with local mental health agencies and/or providers to facilitate referrals and to integrate support.

Steps to partnering can include:

- **Get to know community resources:** Learn what mental health resources may be available for students in your community. It is important to know about the nearest community mental health center as well as the nearest New Journeys program, if available. You can also look for hospitals, private practitioners, and non-profit organizations.
- **Develop partnerships:** Make contact with the local mental health providers, including the director of your local New Journeys program. Learn their processes for referrals and how you can stay in contact with them over time if you have students who are in need of these services. See if they may be available to meet with students on campus.

Support and accommodate

After referral, you can support this student by asking how they felt about their appointment and ensuring they feel supported in the school environment. You should ensure they know what trusted adults they can come to in the school environment as well as addressing any stigma with other students.

Many students with psychosis face academic challenges and need accommodations to succeed in school. An accommodation is the removal of a barrier to full participation and learning. It is recommended that students experiencing psychosis receive an evaluation for a full Individualized Education Plan (IEP) or 504 plan.

There is no “one size fits all” accommodation for students with psychosis because psychosis presents in unique ways. It is important that the school can be flexible in providing accommodations and allows the student to try multiple accommodations until finding ones that allow for full participation in

learning. Some places that educators and students may find accommodations for students with psychosis include: the Supporting Students Experiencing Early Psychosis in Middle School and High School guide by Jason Schiffman, the Searchable Online Accommodation Resource (SOAR), and Accommodation Central (search “mental health accommodations”).

Referring students

Meet with the student: If you see that a student may be experiencing early signs of psychosis (see section on “early signs”), you can meet with them and ask them more about what they are experiencing. This toolkit provides many strategies for starting this conversation.

Speak with family members: A young person may not know if they are experiencing psychosis. You may also speak with the student's family members to see how they are doing at home and if additional supports are needed.

Refer:

When the early signs have been identified, you can refer directly to the New Journeys program: <https://www.newjourneyswashington.org/contact-us>.

You can speak with the student and their family to ask them what kind of support they may want throughout the referral process. It is recommended to ask the family to sign a release of information (ROI) for the New Journeys program, so you can provide information about how the student has been doing in school. After the referral, it is important to follow up with the student and their family to make sure that they got connected to care and are feeling positive about this connection.



**Refer directly to
the New Journeys
program**



1 Educators

Accommodations for students with psychosis

- Access to a counselor or supportive adult on staff as requested
- Access to a counselor for therapy or skill-building
- Access to a private room for a break or physical movement
- Access to a private room to sleep
- Access to a private room for testing or assignments
- Access to a quieter room for young person and friends during lunch
- Allowing to contact outside supports as needed
- Adjusted deadlines on assignments
- Alternative content and assignments
- Approving absences for mental health appointments
- Breaking assignments into smaller chunks
- Comfortable seating and cushions
- Crisis plan
- Extra breaks or opportunities for physical movement
- Extra time
- Fidgets
- Flexible schedule
- Headphones (e.g., during tests or transition times)
- Hybrid scheduling
- Increasing the teacher to student ratio
- Increasing time for processing of information or instructions before continuing with instruction
- Increasing time for responding to questions
- Integrating hobbies or physical activities into the school day
- Leaving class early to avoid crowded hallways
- Non-verbal cues
- Notes from the teacher or another student
- Opportunities for positive attention from teacher or other adults
- Personalized plan for cooling down
- Preferential seating
- Reduced course load
- Remote and or/hybrid work
- Remote participation in class from another room at the school
- Shorter school days (ending early or starting late)
- Strengths-based approaches, such as mastery assignment or additional time in most enjoyed classes
- Smaller class size
- Staffing and support meetings to prepare for returning to school after hospitalization or other break
- Quiet spaces



Sensory strategies

If the student has low sensory registration (difficulty concentrating without sensory input) then using headphones or allowing gum chewing/hard candies during work time can be helpful.

Let the student sit in front of room to block out noise and distractions.

Let the student take walk breaks when needed—a couple of laps around the halls, gym, etc.

2 Medical professionals

Medical professionals play a critical role in connecting individuals with the appropriate level of care. Medical professionals can support young people by providing psychiatric screeners, referring for medical and/or neurological testing, and connecting with specialty care.

Administer screening measures

If you are concerned that an individual may have psychosis, there are several validated screeners that you can use. These screeners may suggest that someone should have further evaluation for a psychotic disorder.

The PQ-B is a 16-item questionnaire that can be administered to individuals, and the PCCL is a questionnaire that can be administered to family members.

Referral

If individuals score above the cut point on either the PQ-B or the PCCL or you have other clinically significant concerns, it may make sense to refer them to the New Journeys program on the New Journeys website: <https://www.newjourneyswashington.org/contact-us>.

It is important that you follow up with the individual that they were able to get connected to care and provide alternative referrals or support if they were not able to follow up. In the following section about connecting to care, there is additional information for how to discuss referrals and New Journeys. You can refer to New Journeys as soon as possible, prior to conducting medical testing.

Conduct indicated medical testing

Explore medical explanations for psychotic and psychotic-like symptoms. Skikic et. al. (2020) outline differentials. They suggest the following first tier medical rule-out panel for individuals with psychosis, and further testing as clinically indicated:

Infectious

- CBC with differential
- Urinalysis
- HIV
- Antitreponemal IgG

Neurologic/other

- EEG
- Physical/neurologic examination
- Survey of history and review of symptoms

Metabolic/immune

- CMP
- TSH
- ANA
- Ceruloplasmin

Baseline/monitoring

- Hemoglobin A1C
- Fasting lipids
- Pregnancy test
- Electrocardiogram

Toxicity/deficiency

- Toxicology screen
- Vitamin D (25-OH)
- Folate (Vit B9)
- Methylmalonic acid (B12)



[Refer directly to the New Journeys program](#)



Check in and continue to support

Individuals may or may not follow through on their referral or find New Journeys to be the right fit for supporting their recovery. As their medical provider, you can continue to ask over time whether they have the right supports to meet their mental health needs and explore and share other mental health referrals, community supports, and recovery resources as needed. Many of these resources are available on the New Journeys website. You can be a trusted source of support for individuals by asking how they are feeling about their mental well-being, mental health care, and community support.

3 Community leaders

Community leaders—including faith leaders, local non-profit leaders, and community organizers—can play an essential role in supporting young people with psychosis. As a community leader, you can reduce stigma for psychosis, connect individuals with care, and support inclusion.

Educate and reduce stigma

Share knowledge and resources. Use the handouts and resources available on the New Journeys website to share information about psychosis. As a leader, you can challenge harmful myths about psychosis, such as the idea that people with psychosis are violent or crazy.

Discuss psychosis in community events. When hosting events within your community or organization, you can include information about psychosis. You can invite mental health professionals, individuals with lived experience, or even host specific mental health awareness events.

Expand and model your understanding. As a community leader, becoming aware of stories of recovery that can be found on the New Journeys website, OnTrackNY, Wildflower Alliance, or Hearing Voices Network can be powerful in understanding psychosis and supporting those in your community with psychosis. Share these stories and let people know that it is okay to seek mental health care. When leaders speak openly about mental health, it can create a ripple effect.

Build community partnerships

Identify resources. Learn what mental health resources may be available for your community members. It is important to know about the nearest community mental health center as well as the nearest New Journeys program, if available. You can also look for hospitals, private practitioners, and non-profit organizations.

Reach out. As a community leader, the services that you provide may be important for individuals in New Journeys programs and New Journeys programming may be helpful for some of your community members. You can reach out to your local New Journeys program or mental health provider to understand how you can work together.

Develop meaningful partnerships. Developing a meaningful partnership with your local New Journeys program may look like connecting with someone from the program, keeping in regular contact, communicating about referrals, and partnering to meet needs of the community.



Why Early Referral Matters



When a young person is showing signs that may indicate early psychosis, connecting them to specialized care quickly can make a profound difference longterm. Coordinated Specialty Care (CSC) is a team-based approach proven to improve outcomes for individuals experiencing psychotic symptoms related to a psychotic or major mood disorder by offering tailored, recovery-oriented clinical and peer support.

In Washington State, New Journeys is our CSC program—a network of teams that provide

comprehensive services including therapy, medication management, education and employment support, and family education. Referring to New Journeys as early as possible can reduce the long-term impact of psychosis and help young people stay connected to their goals, their communities, and their futures. If an individual has been experiencing psychosis for more than two years, they can be referred to the local community mental health center.

Your role in making that first connection can be life changing.



Refer and Continue to Support



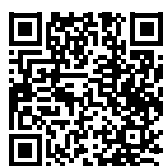
Remember, you can complete a referral on the New Journeys website at any time, regardless of whether a screener was completed, by filling out the form on this page:

<https://www.newjourneyswashington.org/contact-us>.

If you are a community organization, it is important that the young person understands that they should continue to participate in your community after referral.



For a full list of resources, find the New Journeys [website](https://www.newjourneyswashington.org)



Make sure you continue to...

Foster belonging and connection

Work to create community spaces that ensure that all people feel seen, valued, and supported, regardless of mental health diagnoses. Fostering belonging may look like understanding different communication styles, offering quiet spaces or breaks, and checking in with individuals. If you are a community leader, you can model acceptance and affirmation within your community group. Help individuals stay connected with community life and connect them with others as much as possible. This connection may include your community groups or other community and online spaces, such as: the Hearing Voices Network, Wildflower Alliance, Students with Psychosis, Psychotic in Seattle, and SchizoKitzo.

Listen and affirm, without labeling

If someone shares they are struggling with psychosis, respond with compassion and curiosity. There are strategies in the first section of the manual for initial supportive conversations, and simply listening and validating emotions can be very helpful. You do not need to label their experiences as a mental health disorder or psychosis. It is more important that the individual feels supported than that they have a label for the experience.

What to Expect After You Refer to New Journeys



After you make a referral to New Journeys, a New Journeys team member will reach out to the referred individual. The first step is a brief screening to determine whether the young person is eligible for the program. This may include gathering additional information from you, the young person, and others involved in their care or support network.

If the individual appears eligible, the team will offer a more comprehensive assessment and begin discussing service options with the young person and their support system. If they are not eligible for New Journeys, the team will help connect them to other mental health resources.



It's common for individuals experiencing early psychosis to feel uncertain about mental health care or to be hesitant to engage.

New Journeys teams are trained to work with youth and young adults who may be reticent or ambivalent about treatment. They take a respectful, person-centered approach and will work at the young person's pace to build trust and explore what kind of support might be most helpful.

New Journeys and Its Role in Recovery



New Journeys adopts the gold standard of care for First Episode Psychosis. New Journeys teams represent diverse disciplines to provide coordinated, whole-person care to individuals who have experienced a First Episode of Psychosis within the last two years. Services can be provided wherever an individual and their family is most comfortable—in the home, at school, at work, in the community, or in a clinic.

New Journeys follows the principles of recovery-oriented care and focuses on:

- Promoting strength and resiliency
- Shared decision-making
- Culturally responsive care
- Cognitive behavior therapy (CBT) for psychosis skills
- Recovery-oriented psychoeducation
- Motivational enhancement
- Collaboration with natural supports
- Measurement-based care

Nursing care and health coaching



Support and education for families



Employment and educational support



Help with medications



Peer support



Case management



Personalized therapy



Understanding New Journeys Services



As part of New Journeys, individuals may have access to the following individuals to support them. Each of these individuals works together on a team, which collaborates with the young person and their family, to provide the best possible supports.

Family education

- Teaches families about psychosis and its treatment
- Helps the family process the episode of psychosis
- Reduces relapses by encouraging medication adherence and monitoring early warning signs of relapse
- Supports the client's work towards personal recovery goals
- Reduces family stress through improved communication and problem-solving skills

Supported education and employment

- Helps clients to develop and achieve educational and employment goals related to their career interests
- Weighs the pros/cons of social security benefits
- Develops independent living skills
- Reinforces skills learned in sessions

Medication management

- Provides education and assistance in choosing the right medication for symptom management
 - Provides guidance in managing side effects of medication
 - Delivers injectable medications
-

Peer support

- Learns about the individual and understand the individual's treatment goals
 - Discusses relatable personal experiences as appropriate to assist an individual in their own recovery process.
 - Spends time in the community to build confidence in abilities and practice skills alongside participants
 - Learns together and from other experiences and progress
-

Case management

- Accesses and navigate systems in the community (i.e., food benefits, insurance, social security)
 - Develops independent living skills
 - Reinforces skills learned in sessions
 - Assists with transportation
 - Connects to resources as needed
-

Wellness or nursing support

- Supports healthy behaviors, wellness, and care coordination
- Supports medication management including providing education and monitoring for side effects

Eligibility

Criteria

- Ages 15-40
- Psychotic symptoms have been present between one week and two years
- IQ over 70
- Primary diagnosis of one of the following:
 - Schizophrenia
 - Schizoaffective disorder
 - Schizophreniform disorder
 - Brief psychotic disorder
 - Delusional disorder
 - Other specified psychotic disorder
 - Bipolar disorder with psychotic features
 - Major depression with psychotic features

The psychosis is NOT known to be caused by:

- Pervasive developmental disorder and/or autism spectrum disorder
- Psychotic disorder due to another medical condition including medication-induced psychotic disorder
- The temporary effects while using or withdrawing from a substance (individuals who use substances can be referred)

A diagnosis is not needed to open a referral, and people may have co-occurring conditions, including the periodic use of some substances. New Journeys will help tease out what the primary cause of psychosis is and provide referrals to appropriate resources if New Journeys is not a good fit.

New Journeys teams are funded to primarily serve those with Medicaid. However, teams may have additional capacity to serve a small number of individuals with private insurance or no insurance. It is encouraged that individuals seeking services contact the team nearest to them to determine eligibility.



Other Paths to Support Recovery



It is important to remember that not everyone may be eligible or interested in New Journeys services. There are other many other community and online groups that can support individuals experiencing psychosis.

Additional community and mutual aid resources can be found on the New Journeys website resource page newjourneyswashington.org/resources.



Overcoming barriers to care and community

Many young people who could benefit from mental health support face real and meaningful barriers. As a trusted adult—whether you're a teacher, coach, provider, or community leader—your response can help make mental health care feel more approachable, respectful, and safe.

Read on for ways to support a young person who may be unsure or hesitant about seeking help.



For a full list of resources, access the New Journeys [website](https://newjourneyswashington.org)



Addressing fear of hospitalization

Fear of being hospitalized can be a major barrier to seeking help. Many young people worry they'll lose control over what happens next.

Be transparent: Hospitalization is generally a last resort, used only when someone is unable to stay safe at home.

Emphasize outpatient care and highlight the individual's role in choosing their path forward.

Reassure them that mental health services are often collaborative and focused on empowering the person, not controlling them.

When the benefits aren't clear

Some individuals are reluctant to seek care simply because they don't understand how it could help. Rather than pushing services, start by exploring what matters to them.

Ask about their personal goals and challenges—what would they like support with?

Share how mental health care is flexible, goal-oriented, and tailored to each person.

Offer different ways to get started, such as an informal informational session.

Explain what various services involve and how they can support things that matter to the individual.

Respecting diverse recovery paths

Not everyone who experiences early psychosis will want or need traditional mental health care. Unless someone is in immediate danger or unable to care for themselves, it's important to honor their autonomy and explore other supports (see Other Paths to Support Recovery above).

Acknowledge the value of diverse healing traditions and ask what helps them feel grounded—this might include religious groups, cultural practices, or spiritual communities.

Help them identify trusted people in their life—family, neighbors, mentors, or peers—who they can lean on.

Offer resources for peer-led support groups, such as the Hearing Voices Network or the Wildflower Alliance.

Encourage healthy habits like exercise, good sleep, and avoiding substances as ways to support emotional well-being.

Let them know that mental health services will always be available if and when they're ready.



Every conversation is a chance to build connection and trust. Your support, curiosity, and compassion can help reduce stigma, foster safety, and open the door to healing—now or in the future.

Lasting Recovery



Now that you are up to speed on how to provide *Early Support* (Recognize, Respond, Refer), let's talk a bit about how to support *Lasting Recovery*.

Understanding recovery

Recovery recognizes that people can live and pursue full and meaningful lives even while they are experiencing mental health symptoms. Although recovery looks different for everyone, it is the idea that you are pursuing a full and meaningful life.

“

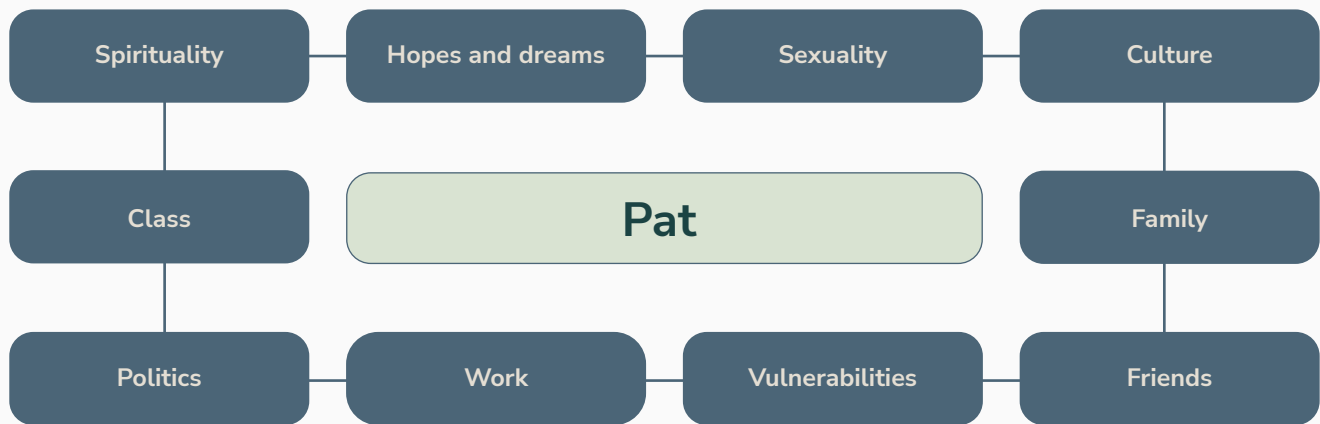
“Recovery is the process in which people are able to live, work, learn, and participate fully in their communities.”

The President's New Freedom Commission Report (2003)



Recovery: I am a person, not an illness

Pat Deegan is a clinical psychologist who is considered a leader in the recovery movement. In this visual diagram, she shows her own recovery as someone who has been diagnosed with schizophrenia.



“

“Recovery from mental illnesses is not like recovery from the flu. It’s recovering your life and your identity.”

“

“Recovery for me is having good relationships and feeling connected. It’s being able to enjoy my life.”

“

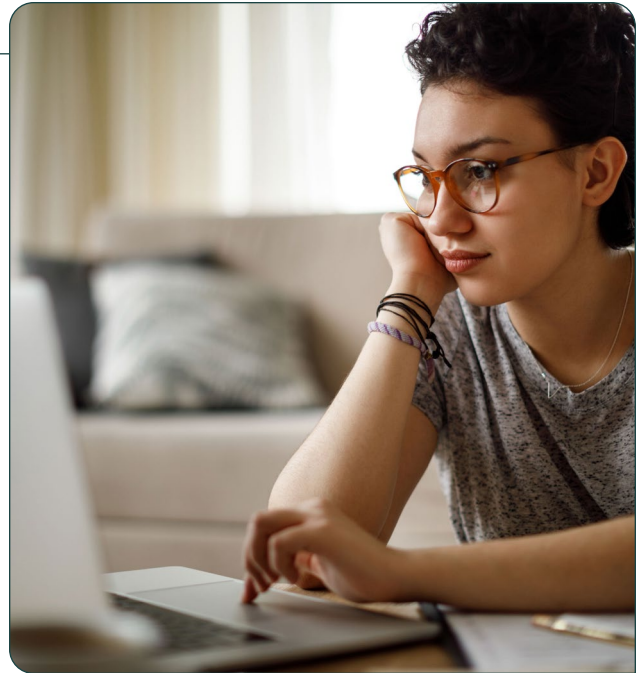
“Having a mental illness is part of my life, but not the center of my life.”

Consumers from IMR manual (SAMHSA, 2009)

“

“Recovery for me is a series of steps. Sometimes the steps are small, like fixing lunch, taking a walk, following my daily routine. Small steps add up.”

Recovery-oriented care is an approach to mental health treatment that focuses on supporting individuals to live meaningful, fulfilling lives. This approach recognizes that recovery is possible and that individuals may continue to experience mental health symptoms and can still live fulfilling lives. Recovery-oriented care is evidence-based, and it is not one approach but rather a set of guiding principles with which to approach care. In this section, we provided strategies for talking with someone about psychosis in a recovery-oriented way.



The New Journeys website has a list of education and community support resources that can increase your understanding of psychosis, recovery, and community supports.



Connect with your local New Journeys program

Local New Journeys program:

Phone number:

Email:



For a full list of resources, find the New Journeys [website](#)

