Working with and Through Psychosis: Considerations for APS

VIRTUAL COURSE

PARTICIPANT MANUAL

Academy for Professional Excellence

APSWI
Adult Protective Services Workforce Innovations

The Academy for Professional Excellence is a project of the San Diego State University School of Social Work

Funding Sources

This training was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.

Curriculum Developer, 2023

Katie Wilson, MSW

Table of Contents

Introduction

We are pleased to welcome you to **Working with and through Psychosis: Considerations for APS Participant Manual**, developed by Adult Protective Services Workforce Innovations (APSWI), a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

APSWI is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services.

In partnership with state and national organizations, APSWI is developing curriculum available to APS programs throughout the nation. This curriculum is developed, reviewed and approved by experts in the elder and dependent adult abuse fields.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)
- California's Curriculum Advisory Committee (CAC)

Partner Organizations

Dawn Gibbons-McWayne, Program Manager, APSWI

Academy for Professional Excellence

https://theacademy.sdsu.edu/programs/apswi/

Kat Preston-Wager, Curriculum Development Supervisor, APSWI

Academy for Professional Excellence

https://theacademy.sdsu.edu/programs/apswi/

Jennifer Spoeri, Executive Director, National Adult Protective Services Association (NAPSA)

https://www.napsa-now.org/

Paul Needham, Chair, NAPSA Education Committee

https://www.napsa-now.org/

James Treggiari, Adult Protective Services Liaison, Adult Protective Services Division

California Department of Public Social Services

cdss.ca.gov/Adult-Protective-Service

Melinda Meeken and Carey Aldava, Co-Chairs, Protective Services Operations Committee of the County Welfare Director's Association (PSOC)

https://www.cwda.org/about-cwda

Acknowledgements

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

Agencies

California Department of Social Services, Adult Programs Division National Adult Protective Services Association

Curriculum Advisory Committee

Ralph Pascual, Human Services Administrator I, Los Angeles County,
Rachel Vo, Senior Social Services Supervisor, County of Orange
Jessica Burke, Staff Development Officer, Riverside County
Nancy McPheeters, Training and Development Specialist, San Bernardino County
Penny Jacobo, APS Supervisor, San Diego County
Whitney Barnes, Social Work Supervisor, Santa Cruz County
Mary Grace Juanta, Sr. Adult Protective Services Specialist, San Diego County
Quatana Hodges, Social Services Supervisor 1, County of Orange

Committees

National Adult Protective Services Association (NAPSA) Education & Development Committee

Curriculum Developer

Katie Wilson, MS

Executive Summary

Working with and Through Psychosis: Considerations for APS

This course provides APS professionals with the knowledge and tools needed to work effectively with individuals actively experiencing serious mental health symptoms, such as psychosis. In this course, participants will learn general information about psychosis, including the symptoms and behaviors one may observe when an individual is actively experiencing symptoms and when these symptoms may require an immediate crisis response. Participants will identify techniques for adapting an interview to better engage the individual and practice documenting those interactions, using language that is objective and free of bias.

Goal

The purpose of this training is to enable APS professionals to increase engagement with individuals actively experiencing symptoms of psychosis and accurately document the interactions in an objective, unbiased manner.

Virtual Training

The following virtual instructional strategies are used throughout the course: short lectures (lecturettes); experiential activities including a case scenario, audio, and transcript; interactive activities/exercises including breakout rooms, chat box discussions, large group discussions, self-reflection, and poll options. PowerPoint slides are used to stimulate discussion.

Participants will need access to a computer with video conferencing capability and be able to connect to the virtual platform being used to deliver this training. A headset or earbuds with microphone and a video camera are highly encouraged. Participant Manual is a fillable PDF if using Adobe Acrobat. Participants are encouraged to either print a hard copy or ensure access to Adobe Acrobat to allow for highlighting, typing in comments, and filling out worksheets.

Course Requirements

There are no course requirements, but it is recommended that participants have some experience with interviewing clients. It is also recommended that participants have taken the Mental Health in APS instructor-led training and/or e-learning course.

Intended Audience

This course is intended for all levels of APS professionals investigating allegations of maltreatment. APS Supervisors are encouraged to attend as well.

Learning Objectives

After completing this course, participants will be able to:

- Define psychosis and specify mental disorders that may have psychotic features.
- Recognize misconceptions of psychosis that may lead to biases when working with people experiencing psychosis.
- Identify behaviors and symptoms of psychosis that may indicate a crisis situation, requiring immediate intervention.
- Discuss appropriate communication methods when working with a person actively experiencing symptoms of psychosis.
- Document mental health observations in an accurate, objective, and unbiased manner.

Course Outline

Content	Materials	Time
Welcome, Introduction, & Course Overview		**Total: 30 minutes**
Activity 1: Agree, Disagree, or Unsure		
Psychosis Discussion		**Total: 50 minutes**
Psychosis Defined: Symptoms, causes, mental disorders, and the psychosis continuum		
Psychosis and Crisis: De-escalation, suicide risk		
Communication Methods	Handout #1: Communication Tips	
Case Scenario Application		**Total: 80 minutes**
Activity 2: Review Initial Report	Handout #2: Initial Report	
Activity 3: Initial Home Visit	Breakout Group Handout #3: Initial Home Visit	
Activity 4: Follow-Up Phone Call	Handout #4: Transcript of Audio Audio File Documentation	
Activity 5: Interview Critique	Breakout Group Handout #1: Communication Tips	
Documenting Mental Health Observations		**Total: 35 minutes**
Activity 6: Rework the Documentation	Poll Questions	
Activity 7: Personal Documentation Review		
Wrap-Up		**Total: 15 minutes**
Activity 8: PIE Wrap-Up		
TOTAL (Excluding Breaks)		**3.5 hours**

THIS PAGE IS LEFT INTETIONALLY BLANK

APSWI
Adult Protective Services Workforce Innovations

Working with and Through Psychosis: Considerations for APS

Instructor-Led (Virtual)

We create experiences that transform the heart, mind, and practice.

Academy for Professional Excellence

Notes:

Academy for Professional Excellence | APSWI Adult Protective Services Workforce Innovations

About the Academy & APSWI

The Academy is a project of San Diego State School of Social Work. Serving over 20,000 health and human services professionals annually, the Academy's mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

APSWI, or Adult Protective Services Workforce Innovations, is a training program of the Academy that provides innovative workforce development to APS professionals and their partners.

ACADEMY PROGRAMS

APEX APSWI CWDS LIA RIHS SACHS

Notes:

Welcome and Housekeeping

- Respect everyone's opinions, each other's time, and speakers
- Timeliness- be on time back from breaks
- Confidentiality- at any point when we discuss real cases, do not share names or identifying information

- Always keep your audio on mute, unless instructed otherwise.
- Use the raise hand option to ask questions.
- Post any questions in the chat box that need additional clarification or information.
- Use of camera
  - Hide self-view is an option on Zoom
- Reaction tabs

Notes:

Terminology

- 'Mental condition'- general term used to describe a condition that affects a person's thinking, feeling, behavior, or mood. These conditions deeply impact day-to-day living and may affect the ability to relate to others.
- 'Mental disorder'-used when referring to a specific mental health diagnosis to reflect the DSM V.
- Be mindful and make effort to use **person-centered**, **recovery oriented** and **trauma-informed** language.
- Acceptance that there are people with lived experiences with mental health conditions in training today.

Notes:

Agree, Disagree, or Unsure

Do you Agree ( ), Disagree ( ), or are Unsure ( ), with the following statements?

1. When a person experiences psychosis, this means they have a serious mental health condition.
2. When a person experiences psychosis, they tend to be more violent and dangerous.
3. Because when a person is experiencing psychosis, they are in an altered state and are not credible. You should be cautious with the information they provide.
4. Psychosis can happen to anyone.
5. It is possible for a person with psychosis to experience a stable and productive life.

Notes:

Training Goal and Learning Objectives

Goal of this training is to enable APS professionals to increase engagement with individuals actively experiencing symptoms of psychosis and accurately document the interactions in an objective, unbiased manner.

Learning Objectives:

- Define psychosis and specify mental health disorders that may have psychotic features.
- Recognize misconceptions of psychosis that may lead to biases when working with people experiencing psychosis.
- Identify behaviors and symptoms of psychosis that may indicate a crisis situation, requiring immediate intervention.
- Discuss appropriate communication methods when working with a person actively experiencing symptoms of psychosis.
- Document mental health observations in an accurate, objective, and unbiased manner.

Notes:

What is Psychosis?

"Disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what isn't."

Notes:

Symptoms and Behaviors

Includes a range of symptoms including:

- Hallucinations: Sensory perceptions no one else is experiencing
- Delusions: Fixed beliefs which do not have a basis in reality
- Disorganized speech, disorganized behaviors, confused thinking

Notes:

Causes of Psychosis

There is no one specific cause of psychosis.

Some factors that can contribute:

- Genetics
- Trauma
- Substance Use
- Medical Conditions
- Mental Disorders

Notes:

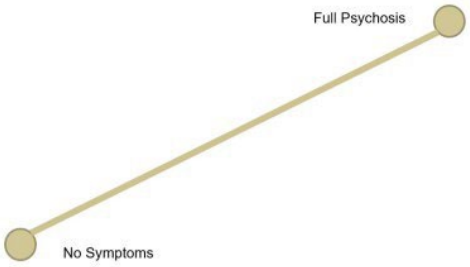
Symptoms in Some Mental Disorders

What are some mental disorders that have psychosis as a possible symptom?

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Major Depression
- Post-Traumatic Stress Disorder (PTSD)

Notes:

Psychosis Continuum



Notes:

When Psychosis Becomes a Crisis Situation

What are some examples of symptoms or behaviors that may indicate someone is experiencing distress?

Notes:

Depends on the Person

- What is 'normal' day-to-day living may be a crisis for another.
- Most common sign of crisis is a clear and abrupt change in behavior.

Notes:

Psychosis and Violence

- Just because a person is experiencing psychosis does not automatically mean they will become violent.
- People with serious mental health conditions are more likely to be victims of violence than perpetrators.
- People experiencing a psychotic episode tend to be frightened or confused.
- They're more likely to withdraw and harm themselves than to harm someone else.

Notes:

De-escalating the Situation

What are some methods you know that may help de-escalate a situation?

Notes:

Suicide Risk- Content Warning

People experiencing psychosis are at an increased risk of death by suicide.

Warning Signs:

- Feelings of hopelessness
- Saying they have no reason to live
- Feelings of being a burden to others
- Withdrawing or isolating from others
- Increasing use of drugs or alcohol
- Expressing unbearable pain
- Talks about wanting to kill themselves

Notes:

Communication Methods

Using effective communication methods can help minimize frustration and decrease the risk of escalation for the individual, as well as help you build rapport and obtain more information for your interview.

Notes:

Credibility

What are some ways we can explore credibility in cases involving psychosis?

Notes:

Handout #1

Communication Tips for Working with Individuals Experiencing Psychosis

- When possible, let the person set the pace and style of interaction.
- Try to arrange for the interview in an uncrowded and quiet space.
- You may need to break up your interview into segments, meet on different days or take breaks.
- Be patient and allow time for the person to process the information and respond. Be prepared to repeat instructions and directions.
- Keep the content of the communication simple and concrete. Only cover one topic or direction at a time.
- Try to limit the number of decisions a person has to make during a single conversation.
- Gently assist the person to remain on topic by assisting them to re-focus by checking that they recall the question.
- Do not presume the person cannot understand what you are saying, even if their response is limited. Follow up with a simple, concrete question to elicit further details.
- If the person is showing a limited range in emotions, it does not mean the person is not feeling anything.
- Be honest and do not make promises you can't keep.

Responding to Hallucinations and Delusions

- Recognize that the delusions and hallucinations are very real to the person experiencing them.
- Validate their experience but be honest about your own observations.
- Do not dismiss, minimize, or argue with the person about their delusions or hallucinations.
- Do not act alarmed, horrified, or embarrassed.
- Do not laugh or make fun of the person's symptoms, or use sarcasm.
- If the person is experiencing paranoid behavior, do not encourage or inflame the person's paranoia.


Case Scenario – Initial Report
What is one symptom or concern you read in the initial report that may indicate the person is experiencing active psychosis?

Notes:

Handout #2: Initial Report

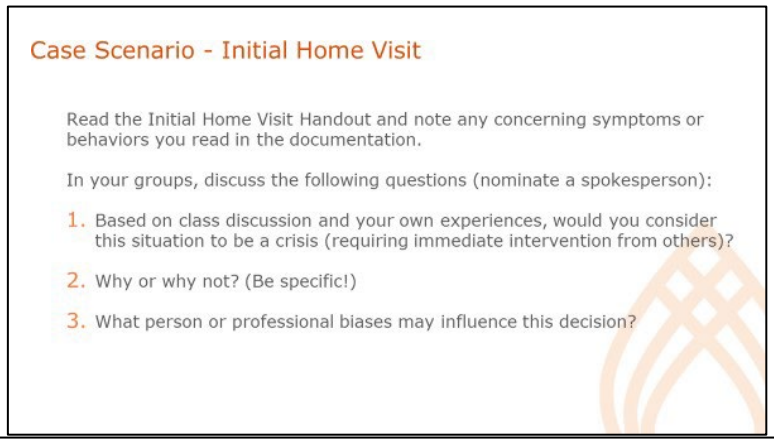
Client Name: Alexander Murphy
Age: 65
Ethnicity/Race: White
Marital Status: Single
Living Situation: Lives alone
Reporting Party: Anya Vargas, Neighbor

Allegation:

Client lives alone in his small home. Client has no known medical conditions and does not take any medications. Reporting party is unclear if client has a mental health diagnosis, but his recent change in behavior has brought up concerns that "something is going on."

Starting a month ago, client seems to be preoccupied with the neighbors and says they are monitoring him. He claims to hear them talking "all the time." He believes the FBI has implanted a chip into his brain and that they can change his thoughts.

Client appears to have difficulty taking care of himself and his home. His yard is unkept, which is unusual for him. In the times the reporting party had seen client, he appears to have stopped bathing and is wearing the same beige shirt every time he is seen. Reporting party has attempted to offer help but client always refuses. Reporting party is worried that if client doesn't get help, he will continue to decline.


Case Scenario - Initial Home Visit
Read the Initial Home Visit Handout and note any concerning symptoms or behaviors you read in the documentation.
In your groups, discuss the following questions (nominate a spokesperson):
1. Based on class discussion and your own experiences, would you consider this situation to be a crisis (requiring immediate intervention from others)?
2. Why or why not? (Be specific!)
3. What person or professional biases may influence this decision?

Notes:

Handout #3: Initial Home Visit

APS professional arrived at the home and client Alexander Murphy cautiously allowed her to enter, but only through the backdoor. Upon entry, the home had a stale odor of sweat, cigarette smoke, and trash. Several filled trash bags were piled in the corner of the kitchen. The tabletops were covered in various clutter, newspaper, and empty containers. Mr. Murphy said he has plenty of food to eat as long as he has "coffee, ramen, and cigarettes."

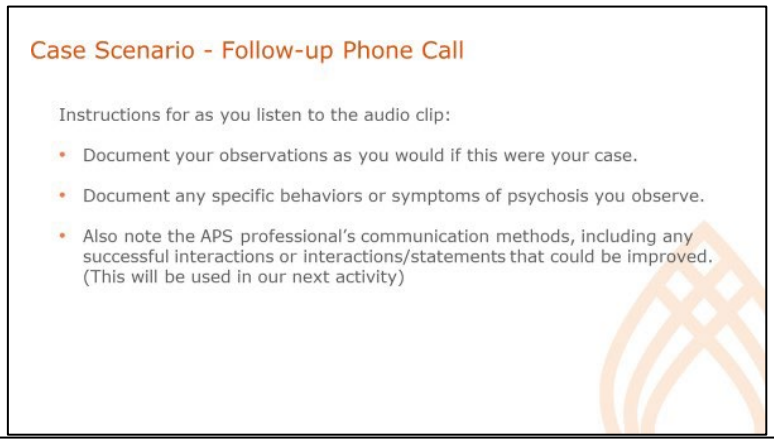
Mr. Murphy had a disheveled appearance. He had a strong body odor and his clothing was dirty (beige shirt with stains under the arms, jeans with dirt stains). It did not appear as if he had taken a shower for some time. During the interview, Mr. Murphy would pace back and forth in the living room and while seated, he seemed fidgety and distractible. He would move his hands in a rhythmic way and shake his leg.

Mr. Murphy would look around the room as if he was checking for something. When asked about it, he responded, "I could hear the neighbors talking about me" and that he "hears them all the time." He described it as sounding like they're in the other room and that they always comment on everything he's doing. He continued and said, "I don't own my thoughts anymore. It's like they're putting stuff into my brain. It's coming from the chip the FBI put in my brain. It's a tracking device so they know where I'm at all the times. I don't know why they're doing this to me."

When asked how he is coping, he responded "I don't leave the house much anymore. I covered the windows so they can't see me as much." Mr. Murphy denied feeling suicidal and denied thinking of hurting anyone else. He added, "I don't want to hurt anyone, I just want them to stop."

Mr. Murphy confirmed that there aren't very many people he trusts but he has a sister that he trusts. He is hesitant to involve her because he doesn't want the FBI to start tracking her, too. He hasn't seen the doctor in a while because he says he hasn't been sick. He denied having any medical or mental health diagnoses.

Mr. Murphy explained that he doesn't have time to clean the house because he has to listen to the radio for "coded messages from the FBI" in hopes he can learn of a way to remove the chip from his brain.


Case Scenario - Follow-up Phone Call
Instructions for as you listen to the audio clip:
Document your observations as you would if this were your case.
Document any specific behaviors or symptoms of psychosis you observe.
Also note the APS professional's communication methods, including any successful interactions or interactions/statements that could be improved. (This will be used in our next activity)

Notes:

Handout #4: Transcript of Follow-up Phone Call

APS: Hi, Mr. Murphy, this is Morgan from Adult Protective Services calling. I was just wanting to call to check in on you and see how you were doing.

Client: C'mon just work already.

[Radio static can be heard in the background of the call]

APS: [slight pause in conversation before asking] Mr. Murphy, are you there?

Client: Huh? Oh, now's not a great time, I'm trying to get this radio working. It's just not quite picking up the right frequency.

[Radio static continues in the background]

APS: What's going on with your radio?

Client: I just can't…it's just barely out of range. Everyone knows the feds use radio signals to communicate with their undercover agents. But it's just outside the normal FM bands. If I can just get….ah! Damn!

[More noise and sounds of tools].

APS: Mr. Murphy, are you okay?

Client: [tone increasing in agitation] No, I'm not okay. I can't hear a damn thing. I can't focus.

APS: What do you mean?

Client: The radio….I'm trying to intercept their transmissions. They're getting scared I'm on to them. I can hear them talking about me.

APS: You hear them talking to you right now?

Client: Yeah, they won't shut up to let me think. That's their plan. That's their goal. Throw me off so I can't figure out what they're up to. They're controlling my brain. They need a fall guy. What's this is all finished, they're gonna pin it all on me.

APS: It sounds like you're really getting worked up about this. You should take a moment to calm yourself down so we can talk and explore some options about…

Client: [interrupting with sarcastic laugh] Calm down? I'd like to see *you* calm with a goddamn chip in your brain.

APS: [in a calm tone] Hey, I'm sorry. I'm sorry, Mr. Murphy. This sounds frustrating and I'd like to work with you on getting you some help.

Client: Right. You're going to find someone to get rid of this chip? I'd like to see that.

APS: You're just sounding really upset right now and I'd like to talk about some options to try to help you feel better. Do you remember some of the things we talked about last time?

Client: [sounding distracted] My neighbors, ever since Sylvia moved in, she recruited Lionel and she's converted him. He's FBI, undercover, he's one of them. He snuck into my house to implant the chip into my brain. Now it's changing my thoughts. Lionel used to be my friend, but Sylvia turned him.

APS: Okay so it sounds like there's a lot of people you don't trust. Is there anyone that you do feel safe with?

Client: [sounding frustrated] I've told you already. I've told you a million times. Lionel is working uncover with the FBI.

APS: Okay, so Lionel, your neighbor, is not someone you feel safe with. Is there any else in your life that you do trust?

Client: There used to be plenty. The FBI turns everyone against me. I have to stay home and keep them from following me. I can't sleep because they won't stop talking. That's all part of their plan. To wear me down so I can't do anything about it.

APS: Okay so it sounds like you're really worried about the FBI and that you believe that's the cause of the difficulties you're having right now. I just wanted to check with you – do you think it could be because of something else? I've worked with other people who have had similar experiences as you and sometimes they're extremely stressed or feeling overwhelmed and I just wonder if you might be feeling this way, too?

Client: No. No, because I'm not sick. It's them. I've read books laying all this out. They do this to tons of people and I don't know how they keep getting away with it. And I haven't done anything wrong. I don't know why they're doing this to me. I just want it to stop.

APS: Yeah, sure, I can understand that. I guess what I'm wondering is if you thought about the options we talked about last time. We talked about seeing a doctor, maybe looking at medications that might help you feel better. Do you think any of those things would help you?

Client: I don't know. No one believes me. Even my sister. I tried telling her about it and even she doesn't believe me. Do you? Do you believe me?

APS: I believe you're having a really hard time right now and I want to come up with a way to try to get you through this. It sounds like your sister might be someone you trust through. And I'm wondering if maybe we can set up a meeting with her and we can work together to figure out a way to get you some support. Would you be okay with that?

Client: [Sounding distracted] Alright, fine, call her. Whatever. But uh, hey, I gotta go. I'll call you back.

[Call ends abruptly]

[Total time of audio: 5:05 minutes]

Case Scenario – Critique of Interviewing Methods

In your breakout groups, discuss the following questions:

- What worked well during the interview?
- What was not as successful in the interview?
- How would you adapt any methods you did not find helpful, engaging, or productive during the interaction?

Notes:

Challenges with Documentation

What are some challenges we might experience when documenting mental health symptoms?

Notes:

Rework the Documentation Activity

Instructions: Read the statement launched in the poll. Determine if the statement is:

Appropriate meaning it is appropriate for APS documentation

Or

Needs Work meaning it is not a good example of APS documentation

For statements that "Need Work," you will be asked to rework it to be more appropriate for APS documentation.

Notes:

Rework the Documentation Activity

Statement One: Mr. Patel refuses to eat the meals from Meals on Wheels because he believes the government is poisoning his food. He has lost 5 pounds in the last month.

Notes:

Statement Two: Ms. Kinsington started to act psychotic. She's angry that APS is involved.

Notes:

Statement Three: Ms. Wong is experiencing paranoid delusions. She is not credible.

Notes:

Statement Four: Mr. Ellison left a voicemail stating, "Bingo, Bingo. I'm a close friend to the president and you left me no choice but to call him so he can tell you to close my case and fire you. I told you already that you can't have my taxi money. I left you my paper. Back off my social security."

Notes:

Personal Documentation Review

- Did you use person-first language when describing the client?
- Are the noted observations written objectively?
- Any areas you were unsure about and want a second opinion?

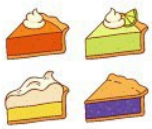
Notes:

Key Points from Class

- Definition of psychosis
- Symptoms and behaviors of psychosis
- When psychosis becomes a crisis
- Communication methods
- Case scenario
- Best practices for documenting mental health conditions

Notes:

P-I-E Wrap-Up



P – Priceless piece of information.

What has been the most important piece of information to you today.

I – Item to implement.

What is something you intend to implement from our time today?

E – Encouragement I received.

What is something that I am already doing that I was encouraged to keep on doing?

Notes:


Thank you!
We envision a world where
the quality of life for individuals,
organizations, and communities
is transformed into a healthier place.
Academy for Professional Excellence

Notes:


Academy for Professional Excellence
Thank You!
APSWI
Adult Protective Services Workforce Innovations

Notes:

References

American Foundation for Suicide Prevention (2023). Risk Factors, protective factors, and warning signs. Retrieved from: https://afsp.org/risk-factors-protective-factors-and-warning-signs

American Psychiatric Association. (2023). APA Dictionary of Psychology: Crisis. Retrieved from: https://dictionary.apa.org/crisis

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text revision.)

Burton, C., Ryan, K., Masoud, K., Marshall, D., Harrington, G., McInnis, M., and Tso, I. (2019). Psychosis in bipolar disorder: Does it represent a more 'severe' illness? Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5807194/

DeAngelis, T. (2022). Mental illness and violence: Debunking myths, addressing realities. Retrieved from: https://www.apa.org/monitor/2021/04/ce-mental-illness

Kopelovich, S., Stiles, B., Monroe-DeVita, M., Hardy, K., Hallgren, K., & Turkington, D. (2021). Psychosis REACH: Effects of a brief CBT-Informed Training for family and caregivers of individuals with psychosis. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/34015942/

McCabe, R., & Priebe, S. (2008). Communication and psychosis: It's good to talk, but how? Retrieved from: https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/communication-and-psychosis-its-good-to-talk-but-how/03EE1C875EA87CD11211EF9CF7F5FE8D

McGinty, E. Pescosolido, B., Kennedy-Hendricks, A., & Barry, C. (2017). Communication strategies to counter stigma and improve mental illness and substance use disorder policy. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/28967320/

National Alliance on Mental Illness (NAMI). (2023). Psychosis. Retrieved from: https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis

National Alliance on Mental Illness (NAMI). (2020). Why stereotypes about psychosis are harmful. Retrieved from: https://www.nami.org/Blogs/NAMI-Blog/October-2020/Why-Stereotypes-About-Psychosis-Are-Harmful

National Institute of Mental Health (NIMH). (2022). Recovery after an initial schizophrenia episode (RAISE). Retrieved from: https://www.nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/recovery-after-an-initial-schizophrenia-episode-raise

National Institute of Mental Health (NIMH). (2022). Understanding psychosis. Retrieved from: https://www.nimh.nih.gov/health/publications/understanding-psychosis

Schizophrenia and Psychosis: Action Alliance (2023). Retrieved from: https://sczaction.org/

Stuart H. (2003). Violence and mental illness: an overview. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525086/

OUR WHY:

REVOLUTIONIZE THE WAY PEOPLE WORK TO ENSURE THE WORLD IS A HEALTHIER PLACE.

Academy for Professional Excellence

theacademy.sdsu.edu

6505 Alvarado Road, Suite 107; San Diego, CA 92120 (619) 594-3546