



**CENTRE FOR
MENTAL HEALTH
NURSING**

Coproducing excellent practice.

Thinking about Psychosis:

Understandings that support recovery-oriented practice

**A GUIDE FOR EDUCATORS
SUPPORTING GRADUATE LEARNERS**



Contents

About this guide.	1
Learning activity legend:.....	1
Discussion questions & locations.	2
An experience of psychosis (Lumi’s Story).	2
Hearing Voices Approach	2
Trauma Neurology and Psychosis.....	2
The Neuroplastic Narrative: a trauma-informed paradigm.	2
Mechanisms of biological adaptation: a brief summary.	3
Trauma and psychosis: where’s the link?.....	3
Psychological Understandings.....	3
Experiences of Psychosis and the stress vulnerability model	3
CBT for Psychosis – an overview	4
Working with unusual beliefs	4
Formulation and interventions.....	4
Dissociachotic: and alternative to pathologizing human distress.....	5
Reflections on learning and implications for practice.....	5
Example follow-up workshop session outline	5

About this guide.

This guide provides a collation of all the reflective questions and interactivities embedded in the training. It includes information about activity types and indicates whether a response is designed to be shared with others. Each activity is listed under the corresponding module. This may help you to plan a follow-up workshop for the training. This online course could be done prior to or during a study day. It may be done in stages with regular follow-up workshops between topics or completed all at once. The online resource is there for you to use flexibly in a way that suits your learners. There is an example session plan for a 1 hour facilitated workshop at the end of this document.

Learning activity legend:

You will see these symbols next to each question/activity.



A simple reflective question – answers are not saved.

(May be only for personal reflection).



A pdf can be created and brought to a study day/group discussion.





A “Padlet” activity where learners can post and see each other’s responses.








A video with embedded questions – responses cannot be saved to a pdf.

Discussion questions & locations.

An experience of psychosis (Lumi's Story).

-  1. What does this bring up for you? What are you curious about?
-  2. How would you connect with Lumi? How might you help her feel safer?
 - *We come back to Lumi's story at the end to compare reflections pre/post training.*



Hearing Voices Approach

-  1. What might be the impact of professionals telling someone their voices aren't real?
-  2. Alex and Zuri: How might Alex & Zuri's recovery journeys be different?
-  3. Hearing voices is like being in a marriage where divorce is not an option.
 - a. What might you need to do in order to navigate a relationship you could not leave? (or, what skills would you need to build). List 3.
 - b. What if Zuri used these skills to navigate her relationship with her voices?
(These responses aren't recorded but this makes for rich material for a group discussion)
-  4. Someone believes they can read other people's minds. How do you respond?
-  5. Compassion for voices – a tale of courage and hope.
 - a. Given the messages from Stuart's voices, how might he be feeling in this moment?
 - b. How might Stuart respond?
 - c. Now that Stuart's compassionate self is here working with his voices, what do you predict might be different for Stuart?


Trauma Neurology and Psychosis.

The Neuroplastic Narrative: a trauma-informed paradigm.


Think about a person you have cared for with a history of trauma. Keep this person in mind as you answer the following question.

-  1. In what ways may diagnosis and treatment under the medical model be at odds with a neuroplastic narrative?
-  2. How might care provision based on a neuroplastic narrative look different? (ie. What's one thing you might do differently if you were working from this perspective?)

Mechanisms of biological adaptation: a brief summary.

 We often talk about the link between epigenetics and intergenerational trauma.


- Have you cared for a consumer who has a family history of trauma?
- Can you or the person see any ways in which this might be still impacting them today?
- Would this provide a new perspective for understanding and overcoming personal challenges?

 Reflection:

1. What skill do you have that you have practiced repeatedly to master?
2. What are some habits (good or bad) that you have?
3. What is your 'default' response to stressful events? To exciting events? To sad events?


Trauma and psychosis: where's the link?


Think about a person you have cared for with a history of trauma. Keep this person in mind as you answer the following question:


-  1. What difference might this explanation make to the persons meaning-making and recovery journey?

Psychological Understandings


Experiences of Psychosis and the stress vulnerability model


-  1. Create your own stress vulnerability model.

 *(This is a pdf document - but it is more personal, and care should be taken if it is used for a group activity.*

-  2. Psychotic symptoms on a continuum.
- a. Experiences of psychosis are more common than I imagined (true or false).
 - b. "We want to support a young person in developing their sense of identity, and to recover in a way that feels appropriate to that person." How well does this fit with the goals of the other approaches explored so far? (a little ... a lot).



CBT for Psychosis – an overview

- 
1. The therapeutic alliance is the most important predictor of outcomes.
 - a. In your own words, describe how you think your thoughts, feelings, and behaviour can influence each other.
 - b. And what about biology? Think back to the previous module, and consider how your biology might affect your thoughts, feelings, and behaviour.


- 
2. Note down your responses to these questions.
(This exercise is for your eyes only - unless you decide to share your thoughts with others for your own reasons)

- Do you know what some of your core beliefs are? Or can you guess some of them?
- How do you make sense of these? Can you identify how they might drive your thoughts, feelings and behaviour?
- How might these be different to other people's?
- How might these play out in an experience of psychosis?

Working with unusual beliefs

- 
1. Reflective activity regarding thinking habits.
 - a. Which of these resonates the most with you?
 - b. How does this tend to impact you? *(Consider your emotions and behaviour, your decision-making, and your situational appraisal)*
 - c. How might this same thinking habit interplay with a person's experience of psychosis?
- 
2. What stands out for you? What is the same/different about this approach?



Formulation and interventions

- 
- Formulation & interventions example.





Whilst there are not any interactive questions in this module, there would be value in exploring the example formulation provided and drawing upon other case studies and clinical stories. Creating or unpacking a formulation could be part of a group activity.

Dissociachotic: and alternative to pathologizing human distress

Think of a person you have cared for recently. Think about the therapeutic relationship you formed and the way you worked together. Hold this in your mind as you answer the following questions.

-  1. What would your therapeutic engagement look like if you weren't focusing on the person's symptoms?
-  2. Note down three differences in your practice and consider the likely impact of these.

Reflections on learning and implications for practice

1. Reflective activity.
Reflect on your learnings from each framework and answer the following questions in response to Lumi's Story above.
 -  a. What does this bring up for you? What are you curious about?
 -  b. How would you connect with Lumi when she was experiencing this?
 -  c. Find and review your first set of answers and compare them to these answers.
 - a. What has shifted for you? List three ways in which your first and second responses are different.
-  2. With Bridget's thoughts in mind, reflect on something you might change in your own practice. Note it down in the Padlet below. Take a moment to also read what others have committed to changing.

Example follow-up workshop session outline

Follow-up facilitated discussions are extremely valuable for the consolidation of learning and extension into practice. It provides opportunities to explore content that may have been challenging, navigate the content around trauma safely, and explore content in a local context. It would be worthwhile including someone from your local lived experience workforce to help co-facilitate this.

During the pilot phase of this training, participants at one site were offered a 1-hour follow-up synchronous workshop. Thank you to Nicole Ryan from Goulburn Valley Health for sharing her session outline as an example. It is recommended that the workshop be held soon after learners complete the online modules to ensure the content is fresh in their minds.

THINKING ABOUT PSYCHOSIS: 1HR SYNCHRONOUS WORKSHOP SESSION OUTLINE

TIME ALLOCATED	INSTRUCTIONS
<p>30 MINUTES:</p> <p><i>10-MINUTE SMALL GROUP,</i></p> <p><i>20-MINUTE LARGE GROUP DISCUSSION.</i></p>	<p><u>ACTIVITY 1: Small group work</u></p> <p>Break into four small groups & allocate 1 framework per group for reflection and discussion. <i>(1. The hearing voices movement, 2. Trauma neurology & psychosis, 3. Psychological explanations for psychosis/CBT-P, and 4. Dissociachotic framework.)</i></p> <p>Instructions for participants.</p> <p>Reflecting on your allocated framework, answer the following questions:</p> <ol style="list-style-type: none"> 1. What is this explanatory models view? 2. How can this explanatory model empower the consumer and support their recovery? <i>(Think about what their experience might be like if this explanatory model was kept in mind by a treating team)</i> 3. How could you use what you know from this explanatory model to support you with connection and therapeutic rapport with the consumer? <i>(How might this explanatory model empower you in your role of supporting the consumer and their family?)</i> <p>Get the group to write down their understandings and reflections, and then it is shared with the larger group discussion, and further thoughts can be added.</p>
<p>10 MINUTES</p>	<p><u>ACTIVITY 2: Large group discussion</u></p> <p>Share a copy of Lumi’s story with the group for review and discussion.</p> <p>Question: “Given what you have learnt from the e-module and the reflections today, how would you connect with Lumi when she was experiencing this?”</p>
<p>10 MINUTES</p>	<p><u>ACTIVITY 3: Large Group discussion</u></p> <p>Discussion question: “Share with the group one thing you will be mindful to do moving forward in your practice.”</p>