



NEW JOURNEYS

**A PROGRAM FOR
FIRST EPISODE PSYCHOSIS**

New Journeys Client Guide



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Meet Your Team!

Medical Director, Psychiatrist

Individualized Medication Treatment is aimed at reducing symptoms and preventing relapses in order to help people achieve their desired goals. Our team believes in using the lowest dose of medication possible to attain symptom management. During your time with New Journeys, you will work closely with a board certified Psychiatrist to learn about the right medication to adequately manage your symptoms.



Dr. Linda Young is a medical doctor specializing in child, adolescent, and adult psychiatry. She moved to Washington from Northwest Arkansas in 2015 after spending one year in Oregon. She has worked with youth experiencing psychosis throughout her

career and spent one year working with a program very similar to New Journeys while in Oregon. Dr. Young has a passion for working with the client and family, joining with them and all caregivers to provide the most comprehensive care possible. While medication can be an important tool in treatment, it is not always necessary, and Dr. Young takes a holistic approach to her assessment and treatment of all clients, always weighing the benefits and risks of any therapeutic approach.

Clinical Supervisor and Family Education Program

Oftentimes, a First Episode of Psychosis can be very traumatic for both the individual experiencing psychosis and for the family. The Family Education Program aims to help an individual's loved ones to learn more about psychosis and how they can better support the individual who is experiencing symptoms.

Family Education Program goals are:

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



Becky Daughtry, LICSW is New Journeys Clinical Supervisor as well as our Family Education Program Practitioner. Becky has been practicing social work for over 30 years. She has experience in a variety of settings including outpatient community mental health, crisis response, long term inpatient hospitalization, rural social work practice, child welfare, and supervision of other mental health practitioners. Becky views therapy as a working partnership based on unconditional positive regard, resiliency, and an individual's strengths.

Individual Resiliency Training (IRT) Therapy

As with the family unit, the individual who experiences psychosis often has to overcome a lot of trauma, confusion, and stigma associated with their episode. IRT is designed to promote recovery by identifying client strengths and resiliency factors, enhancing illness management, and teaching skills to facilitate a functional recovery to achieve and maintain personal wellness.

Individual Resiliency Training goals are:

- Processing the experience of psychosis
- Helping clients learn social and resiliency skills
- Helping clients achieve personal goals by teaching them about their disorder and its treatment
- Reducing self-stigmatizing beliefs



Cammie Perretta, LSWAIC graduated from Hawaii Pacific University with her Masters in Social Work in 2015. Cammie has a wide variety of experience ranging from working with the homeless population in rural communities to Hospital Social Work, Crisis Services, and Psychiatric Inpatient

Social Work. As an Individual Resiliency Training therapist, her primary goal is to meet the client where they are to achieve their individual goals, help them stay on their developmental course, while simultaneously meeting mental health needs.

Supported Education and Employment (SEE) Specialist

Historically, once someone had experienced an episode of psychosis, they weren't considered to have the same opportunities they once did. New Journeys believes the opposite; we strive to help an individual in maintaining their developmental course and educational/career goals.

Supported Employment and Education goals are:

- Help clients to develop education and employment goals related to their career interests
- Work with the client to obtain and sustain their education and employment goals
- Provide follow along support to clients to help maintain education and employment goals



Lu Swenson, BA graduated from The Evergreen State College with a Bachelors of Arts in Qualitative Research and Social Justice. She has experience in vocational rehabilitation across Western Washington with a focus on helping people obtain two year technical degrees. Lu has experience

working with rural communities, LGBTQ+ youth, people with workplace injuries, and employers in Mason, Lewis, Grays Harbor, Pierce, and Thurston County.

Case Management

Case management is a collaborative process of assessing needs, planning, and providing care coordination advocacy for the options and services to meet the individuals identified needs. The Case Manager will work closely with individuals to provide support and empower an individual to reach their objectives and goals.

Case Management goals are:

- To help individuals access and navigate systems and resources in the community i.e., accessing/enrolling in food benefits, insurance, social security, housing etc.
- Assist with transportation
- Reinforce skills learned in sessions
- Encourage engagement in the community



Katherine Winterfeld, LSWAIC graduated from the University of Southern California with her Masters in Social Work in 2017. Katherine has experience working with Boys and Girls club, the Child welfare system as a Case Aide, and as a Social worker for a private organization. Katherine brings to this role knowledge of the various systems and resources to help and support individuals achieve their goals.

Peer Support Specialist

The Peer Support's role is to use their own lived experience to relate to and support the person receiving services. A Peer works closely with the team, helping people set and achieve treatment related goals in conjunction with the goals set with the New Journeys team, feel comfortable communicating struggles, thoughts, and feelings. A Peer practices shared skills often in real scenarios with the people they work with.

Peer Supports goals are to:

- Learn about the individual and understand the individuals treatment goals
- Disclose personal experiences with symptoms and receiving treatment in appropriate, respectful, and relevant conversations.
- Take individuals into the community to build confidence in abilities and practice skills alongside individuals
- Learn together and from each-others experiences and progress



Nicole Bailey has been a Certified Peer Support Specialist and has been involved in ongoing trainings related to Peer Support in Washington State for over one year. Nicole's personal experiences with symptom's related to First Episode Psychosis such as;

Depression, anxiety, self-harm, and suicidal ideation, help her to approach supporting individuals from a perspective closer to their own. Nicole's goal as a Peer Support Specialist in the New Journey's Program is to help individuals normalize treatment, accomplish personal goals, and feel more understood in their experiences and symptoms.

What is First Episode Psychosis?

The word psychosis is used to describe a condition, which affects the mind and often involves some loss of contact with reality. When someone experiences psychosis they may have symptoms such as hearing, seeing, or feeling something that is not there, they may hold strong beliefs about something despite contrary evidence, and/or they may become confused or disorganized in their thinking and speech. Additional symptoms of psychosis often include a period of functional decline during which the individual may appear depressed, withdrawn, irritable, or anxious.

Why Don't People with Schizophrenia Get Early Treatment?

On average, people endure new symptoms of psychosis for many months, and sometimes even years before receiving any psychiatric treatment for their disorder (Häfner et al., 2003; Perkins et al., 2005). People may delay treatment due to the stigma of mental illness and schizophrenia (Corrigan, 2004; Judge et al., 2005). Other treatment providers, such as general practitioners, may not refer a person due to lack of awareness of the signs of psychosis. Family members are often aware that something unusual is happening but may not know that the changes are signs of a treatable mental illness. Family members also may be afraid to help their relative get treatment due to stigma or lack of understanding about the nature and treatment of the disorder. Rather than getting treatment, people with psychosis often end up in jail for their mental illness-related behaviors (Teplin, 1994; Teplin et al., 1996 as cited in NAVIGATE, 2014).

Why New Journeys works!

The goal of New Journeys is *recovery*. In recent years the concept of recovery has taken on broad meanings that are personally important to individuals experiencing symptoms. For example, according to Anthony (1993), "Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness" (Navigate, 2014).

New perspectives on recovery do not focus on the severity or persistence of psychiatric symptoms, but rather on the person's ability to experience a rewarding and meaningful life—even while the person may be managing or coping with existing symptoms. This way of thinking about recovery is consistent with models of *positive health*, which say that mental health is associated with leading a life of purpose and having quality connections with others (Ryff & Singer, 1998 as cited in Navigate, 2014).

New Journeys embraces this newer view of recovery. Specifically, we define *recovery* in terms of:

- *Social/leisure functioning* (e.g., quality of social relationships, involvement in leisure activities, independent and self-care living skills)
- *Role functioning* (e.g., school, work, parenting)
- *Well-being* (e.g., self-esteem, hope, sense of purpose, enjoyment of life)

Confidentiality

During intake, you will be asked to review Behavioral Health Resources' Disclosure Statement which outlines the standards of practice that our team will uphold. We believe that confidentiality is of utmost importance, and although we do share information amongst our team for purposes of coordinating care, we strive to maintain the confidentiality of both the individual client and their family. We are willing to discuss any concerns you may have about keeping confidentiality; we are aware that your privacy is very important.

- The individual client will be asked to sign a Release of Information with their family
- The issue of disclosure will be discussed during treatment in order to facilitate job searches, school coordination, and searching for housing
- We are mandated reporters; if you are a minor or a disabled adult, and report that you are a victim of child abuse or neglect we are required to report
- If we feel that you are at imminent risk of causing harm to yourself or others, if necessary we will break confidentiality to keep you and others safe
- If you are on a Least Restrictive Alternative, we are required to complete monthly reports and notify local Designated Mental Health Professionals of non-compliance with the order

Standard Timeline of Services

New Journeys Timeline	Family Education Program	IRT	SEE	Medication
1 st week	Intake and Orientation. Meet the team			
2 nd week	Assessment	Orientation to IRT	Meet to determine interest in SEE services	
3 rd week	Collaborative treatment plan meeting	Assessment and Goal Setting	Collaborative treatment plan meeting	Initial meeting
4 th week	Continue Family Education Program Modules	Continue Standard IRT Modules	Assessment and Goal Setting- Completion of Career and Education Inventory	
2 nd Month			Assist client with work or school goals	Monthly or bi-weekly meeting
3 rd Month	Complete Family Education Program; Treatment planning with recommendations		-School or job search	Monthly or bi-weekly meeting
4 th Month	Begin monthly check-ins and family consultation as needed		-Help client with disclosure decisions	Monthly or bi-weekly meeting
5 th Month	Begin monthly check-ins and family consultation as needed	Complete Standard IRT Modules	-Client applications and interviews	Monthly or bi-weekly meeting
6 th Month	Begin monthly check-ins and family consultation as needed	Begin Individualized IRT Modules	-Follow-along support once school/job has been started	6 month follow up assessment
			-Evaluate clients satisfaction and goals	

***Standards are subject to change based on the individualized goals of the person being served.**

Contract for Community-Based Services

New Journeys aims to flexibly meet your treatment goals in a setting of your choice including home, school, work, or another public place (i.e., library) both inside and outside of normal business hours. If you should want to receive services *in your home*, we want to ensure a safe working environment both for you and for New Journeys staff. The following questions will help us better understand your home environment so we can best provide care.

Questions about home environment

1. Who lives with you?
2. Who in your home uses alcohol or other drugs?
3. What firearms or other weapons do you have in your home?
4. What pets live in your home?
5. Are you aware of any violence, abuse or neglect occurring in your home? Yes No
Please explain:
6. Are you aware of any illegal activity occurring in or around your home? Yes No
Please explain:
7. Are you aware of any illness or diseases in your home (i.e., bedbugs, lice)? Yes No
Please specify:

8. Do you have any concerns about the safety in your home? Yes
 No

Please explain:

9. Do you have any concerns about the safety of your neighborhood? Yes No

Please explain:

10. What else should the New Journeys staff know about where you live?

Policies for in-home services

- Usually you will be seen in the clinic prior to establishing community visits.
- New Journeys staff will assess for the safety of the visit and reserve the right to cancel the appointment if New Journeys staff have concerns.
- New Journeys staff reserve the right to end an appointment early.
- If a staff member is visiting a client another person will need to be present during the visit.
- All firearms, weapons, or other dangerous objects need to be locked up securely.
- The client and others in the home must be free from the effects of alcohol or other illicit substances during visits.
- Pets, such as dogs, will need to be locked up in another room during home visits.
- It is the client's and the family's responsibility to inform New Journeys staff if anyone in the home might become violent or otherwise pose a threat to the client and/or New Journeys staff.
- New Journeys staff are held to uphold mandated reporting laws for any observed or reported neglect or abuse (physical, mental, and/or sexual) of minors and/or vulnerable adults.

Where Do We Go From Here?

“The point of recovery isn’t to live *without* ups and downs—it’s learning how to live *with* the ups and downs.”

—Ali Foley Shenk

Part of our role, especially in the beginning of your journey, is assisting with crisis stabilization. Due to the nature of our program, we are often meeting with clients as they are coming out of crisis situations. During the first few weeks of the treatment process, we will work together to develop a treatment plan as well as a “just in case” plan to help you and your family get through the ups and downs that can be expected in recovery.

Part of crisis stabilization is realizing that sometimes things may seem to be getting worse before they get better. We expect that situations will arise in which you and your family will need extra support. Research has shown that individuals who experience psychosis are at a greater risk of experiencing suicide; by focusing on crisis stabilization early on in treatment, while developing a plan for you and your family to follow in case of a crisis, this risk can be mitigated.

What is a Mental Health Crisis?

In general, a crisis is “any situation in which a person’s behaviors put them at risk of hurting themselves or others, and/or when they are not able to resolve the situation with the skills and resources available.” Many situations can be anticipated- relatives may have a suspicion the person in New Journeys is not taking his/her meds, is feeling hopeless, becoming more symptomatic, or becoming agitated. You may be able to use the tools you develop in the New Journeys

Family Education Program to resolve these difficulties. Sometimes, your loved one may just need a day or two of reduced stress to feel back to their old selves.

Examples of situations that can trigger a crisis:

- Changes in family situations
- Grief and loss of any kind
- Trauma/violence
- Mounting pressures about school or work deadlines
- Lack of understanding from peers, co-workers, or teachers
- Stop or missed doses of medications
- Use or abuse of drugs or alcohol, including marijuana

Warning Signs of a Mental Health Crisis

Often family and friends observe changes in a person’s behavior that may indicate an impending crisis. It is not uncommon for a person in the midst of a mental health crisis to be unable to clearly communicate their thoughts, feelings, or emotions.

Other times crisis can come suddenly and without warning. Some warning signs could include:

- Rapid mood swings
- Increased agitation
- Abusive behavior
- Isolation from school, work, family & friends
- Losing touch with reality

If you are worried that your loved one is nearing a crisis, seek help. It is often helpful to assess the situation before deciding

who to call. Is your love one in danger of hurting themselves or others? Do you have time to start with a phone call to New Journeys to seek guidance? Do you need emergency assistance? **Most importantly, stay safe! If at any point the situation becomes unsafe, call 911.**

What Should I Do in a Mental Health Crisis?

1. Stay calm and listen to the individual's needs
2. Assess the safety of the individual and of yourself
3. If safe to do so, use de-escalation techniques below
4. Contact your New Journeys Team for advice and support
5. Connect with community support services, if needed

How Can I Use De-Escalation Techniques?

When talking to the person in crisis it is important to stay calm, show empathy, and try to de-escalate the crisis. The following tips will help both you and your loved one to stay safe:

- Listen to the person
- Express support and concern
- Don't argue or try to reason with the person
- Ask how you can help
- Move slowly/ avoid touching the person unless okayed by them
- Announce actions before doing them

Coping with Hallucinations

- **Listen to Music:** This sometimes helps, but other times can aggravate hallucinations.
- **Imagery:** For example an individual imagined the voices going into a closet, and she saw herself putting a blanket over the voices, closing the door, then locking the door, then double and triple locking it, etc.... With each step the voices got softer and softer.
- **Talking back to the voices:** For example, someone is being tortured by voices representing a struggle between good and evil. You could ask, "What can you say to those voices that will help you cope with them?" A possible answer might be: "This battle doesn't concern me; you figure this out amongst yourselves!" This to be a very effective strategy to distance oneself emotionally from the voices.
- **Compartmentalizing the symptoms:** For example, you might say, "When you go to work, you don't have to listen to the voices. Listen to them only when you come home."
- **Attribution shifting:** For example, an individual believes a voice is coming from the devil and feels that he is being controlled. Encourage him to attribute the voices to something else: "I have a chemical imbalance and this voice is just a symptom of my illness. If I practice some coping skills I am going to be able to reduce the intensity of this."
- **Enlist a support network to help:** A college student had delusions of reference, and he asked some friends to serve as a reality check. In class, if he would see people making gestures and wonder if they were sending messages about him, he would go to one of

his friends and ask, "Are these people moving around because of something I'm doing?" And his friend would confirm, "No this is just people moving around, it has nothing to do with you."

What if the Crisis Occurs Outside of Normal Business Hours?

Our New Journeys team is available to assist with any crisis you may be experiencing via phone, Monday-Friday 8am-5pm. Outside of normal business hours, there are multiple resources who can assist you and your loved one in crisis situations.

Each county in Washington has 24-hour mental health crisis phone lines for both adults and children as well as a mobile crisis response team that can meet the person at the scene of crisis (see page 20). When you call a crisis number, or if a crisis team makes a visit, they will assess the situation to determine what services are needed. Crisis staff may determine that law enforcement needs to intervene, that your loved one should be seen at the nearest ER, or that they would benefit from crisis stabilization services.

Remember: If Your Loved One is in Immediate Danger Call 911

If the situation is life-threatening or if serious property damage is occurring, **call 911**. When you call 911, tell them someone is experiencing a mental health crisis, and explain the nature of the emergency. By vocalizing that the crisis involves someone with a mental illness, you will increase the odds that the dispatcher will send an officer trained to work with people with mental illnesses.

When law enforcement arrives, be prepared to provide them with information like:

- Diagnosis
- Medications
- Hospitalization history
- Previous history of violence or criminal charges

Once a law enforcement officer is on the scene, they now control the situation and will make the determination as to whether your loved one should be brought to the hospital emergency room, be arrested due to a crime, or after they've calm down, to stay at home. Try to stay as calm as possible during this process and **be clear about what you want to happen.**

What items do I need if I take my loved one to the ER?

- Medical information- types & doses of medications
- Their mental health providers' names & numbers
- List of helpful treatment that they used in the past (CBT, DBT)
- Basic hygiene supplies
- Change of clothes
- Snacks
- Music, books, or other items that will help pass the time

Wellness Plan

What are my external triggers and stressors?

- 1.
- 2.
- 3.
- 4.

What are my internal triggers and stressors?

- 1.
- 2.
- 3.
- 4.

What might others notice about me when I am in crisis?

- 1.
- 2.
- 3.
- 4.

What coping skills help me feel better?

- 1.
- 2.
- 3.
- 4.

What can others do to help me? What isn't helpful?

- 1.
- 2.
- 3.
- 4.

If I need to leave my home, who will take care of my dependents/pets?

Who would I like to be contacted in case of emergency?

Name	Phone Number
1.	
2.	
3.	
4.	
New Journeys:	360-704-7170
Becky Daughtry (cell)	360-302-2733
Cammie Perretta (cell)	360-790-3223
Lu Swenson (cell)	360-589-0814
Katherine Winterfeld (cell)	360-280-8180
Nurse help line:	360-704-7170 x 21004

Important information:

Medications:

Allergies:

Medical Conditions:

Primary Care Physician:

Psychiatrist/Prescriber:

Crisis Resources

New Journeys: 360-704-7170 (ask for New Journeys)

Behavioral Health Resources

Behavioral Health Resources supports and strengthens individuals, families and the community by promoting mental health and chemical dependency recovery.

Thurston County: **360-704-7170** or **800-852-4820**

Nurse Hotline: 360-704-7170 x**21004**

Mason County: **360-426-1696**

Crisis Responders of Thurston/Mason County

A 24-hour telephone and face-to-face outreach for mental health emergencies in Thurston and Mason counties

Call: **(360)-754-1338**

Crisis Clinic of Thurston & Mason Counties

The Crisis Clinic has been offering help in times of need at no cost, 24 hours a day, to everyone in Thurston and Mason Counties. We are here to listen non-judgmentally and offer emotional support and any appropriate resources our callers might need.

ADULTS: **360-586-2800**

Youth Help Line: **360-586-2777**

National Suicide Prevention Hotlines

24/7 *phone* crisis hotline: **1-800-273-TALK (8255)**

24/7 *Crisis Text Line* : text "HOME" to **741741**

Trans Lifeline: **877-565-8860**

***In an instance of life threatening emergency always call 911**

Thurston County Housing Resources

Community Youth Services 360-943-0780

www.communityyouthservices.org

Shelter, homeless resources, and transitional housing options.

Family Support Center 360-628-7343

www.fscss.org

Emergency Shelter for families. Registration 9am-5pm Monday-Friday @ Family Support Center 201 Capitol Way N.

Housing Authority of Thurston County 360-753-8292

www.hatc.org

Rent subsidies for low-income households, information and referral for subsidized housing programs, and housing rehabilitation in rural Thurston County.

SafePlace Residential Services 360-754-6300

www.safeplaceolympia.org

24-hour support services and confidential shelter for victims of sexual assault, sexual abuse, and domestic violence

Sidewalk 360-515-5587

www.walkthurston.com

Shelter Placement, Rapid Rehousing, Supportive Housing, Veterans Assistance Program for homeless, childless adults. Intakes are offered 10am-2pm, Monday-Thursday @ 1139 5th Ave SE, Olympia, WA 98501

Shelter Hotline 1-844-628-7343

The Salvation Army 360-352-8596

www.salvationarmynw.org

Transitional style shelter for single adults. Access to shelter program through Social Services Monday-Friday, 8:15am-11:00am only.

Thurston County Transportation Resources

Dial-A-Lift

360-786-1881

www.intercitytransit.com

Dial-A-Lift is a for fee, door-to-door, shared ride public transportation service for people with disabilities that prevent them from using a fixed bus route service. Must complete an application for services outlining your disability which is signed by your doctor.

Paratransit Services

1-800-846-5438

www.wanemt.com

Non-Emergency Medical Transportation for anyone with a DSHS issued Provider One Card that have no other way to get to their medical appointments.

Must call to schedule your ride 2 days prior to appointment you need transportation for.

Travel Training

360-786-1881

www.intercitytransit.com

Free, one-on-one training for people who want to learn to ride the bus system.

Village Vans

360-786-1881

www.intercitytransit.com

Free transportation for work-related activities to low-income job seekers in Olympia, Lacey, and Tumwater's greater urban areas (transportation provided to your new job, job interviews, job training sites, WorkSource Center, DSHS, and Childcare centers.

Mason County Transportation Resources

Mason County Transportation Authority **360-427-5033**

www.masontransit.org

Operates a coordinated system of affordable public transportation, available in most areas of Mason County

Paratransit Services **1-800-846-5438**

www.wanemt.com

Non-Emergency Medical Transportation for anyone with a DSHS issued Provider One Card that have no other way to get to their medical appointments. Must call to schedule your ride 2 days prior to appointment you need transportation for.

Mason County Housing Resources

Bremerton Housing Authority **360-479-3694**

www.bremertonhousing.org/

A public corporation with the purpose of providing affordable housing opportunities for people with limited financial means

Community Action Council **360-438-1100**

www.caclmt.org

Affordable housing resources

Cross Roads Housing **360-427-6919**

www.crossroads-housing.net

Emergency Shelter, rental assistance, low income apartments

Emergency Contact Information

Name: _____

Phone: Home: _____ Cell: _____

Email Address: _____

Address: _____

Primary Emergency Contact: _____

Phone: Home: _____ Cell: _____

Work: _____ Relationship: _____

Secondary Emergency Contact: _____

Phone: Home: _____ Cell: _____

Work: _____ Relationship: _____

Preferred Local Hospital: _____

Insurance Information: _____

Company: _____

Policy #: _____

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information):



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<http://www.bhr.org/newjourneys>

