

## EASA Planning Process for Individual Presentations/Articles

Updated version, 12/2017

- 1. Engage with your audience and establish WHY they should care.\***
  - a. Do they have pre-existing relationship with you?
  - b. Describe what you offer using their core values/mission (parent- child becoming successful adult/getting support for parental role in difficult situations, educator- educational performance , police officer- community safety, etc.)
  - c. Establish psychosis as a common and treatable health condition which often begins in adolescence. (3/100 will develop psychosis in course of their lifetime\*\*. There are many causes all of which require attention.
  - d. Illustrate with positive stories (this section and throughout).
  
- 2. USE THE LIST IN THE BROCHURE TO PROVIDE SPECIFIC INFORMATION ABOUT ACUTE SYMPTOMS, GRADUAL ONSET AND COMMON PRODROMAL SIGNS AND SYMPTOMS so they will be able to identify (See brochure with common prodromal signs)**
  - a. Emphasize that we are looking for NEW signs and symptoms/ NOTICEABLE CHANGES
  - b. Use examples and descriptors
  - c. Do not ask them to determine eligibility; let them know the program screens out people based on cause and duration of illness (longer than 12 months) but will facilitate access to appropriate care.
  - d. Describe SIPS assessment and use of term prodrome vs. clinical high risk-
    - 1) The term “prodrome” describes a person’s symptoms *retroactively after onset of psychosis*- when we see early symptoms but no psychosis has occurred we call it “Clinical High Risk” or “Psychosis-Risk Syndrome”.
    - 2) We use the Structured Interview Diagnosis of Psychosis-Risk Syndrome (SIPS) to assess earlier signs and symptoms; diagnosis does NOT mean that their symptoms are caused by a psychotic illness, but *if they are screened out there is very little chance they will develop a psychotic condition.*
  
- 3. Describe what your program has to offer and what they can expect (including for people screened out).**
- 4. Address what might get in the way (misconceptions & barriers- see attached table for examples)**
  - a. Present psychosis as common and not like negative stereotypes
  
- 5. CLARIFY WHAT YOU WANT THEM TO DO- ALWAYS ASK YOUR AUDIENCE TO DO SOMETHING!**
  - a. Refer, help with networking, etc.
  - b. Request and address feedback
  
- 6. ARTICULATE A SHARED VISION FOR THE OUTCOME**
  - a. Share success stories and intended outcomes
  
- 7. Be sure they have your phone number/take-away such as brochure.**
- 8. Multiple exposures are optimal; plan for 1-2 follow ups (newsletter article, email reminder, send interesting article, etc.)**

\*Terms such as “You may be surprised to know”, “Many people don’t realize” are often effective in gaining attention. Other ways to gain interest include relating what you describe back to their environment, i.e. classroom, domestic call, etc.

\*\*PREVALENCE- Psychosis will affect about 3/100 at SOME POINT in their lifetime. Prevalence of Schizophrenia is about .7/100. Note that prevalence is different than annual INCIDENCE- Only between 1 and 3 per 10,000 will develop psychosis for the first time in a given year. Thus, they should not expect 3/100 each year in their classrooms, but they should know it is common and they will likely encounter it.

***Examples of common misconceptions/barriers***

<b>Misconception/Barrier</b>	<b>Response</b>
Not common/ this doesn't affect us	Share prevalence rate and tie it to their experience; data: 3/100. Describe variety of causes (sleep/sensory deprivation, infections, nutritional imbalances, thyroid, steroids, as well as developmental disorders such as schizophrenia)
Psychosis can't be identified early	Describe the later stage symptoms and common onset process and early signs/symptoms in detail
It doesn't matter whether I refer	Describe impact of symptoms without appropriate help (short-term/long-term)
I don't feel confident in my ability to refer	Discuss or role play potential referrals and how to approach; encourage calls to discuss/coach through the process; offer to meet in person
Agency doesn't serve private insurance	Clarify that the program serves all insurers/uninsured
There's nothing I can do; what I do won't make a difference	Share positive stories, lived experience perspectives; be specific about what they can do to make a difference
It's not my job; I'm not responsible (legal concerns)	Focus on how it fits into their job; address legal concerns if they have any
There's no point in referring because everyone gets screened out	Use info from previous referrals to inform additional training; Explain program as including consultation/brokerage- you will assist with figuring out what's happening and getting to the right place
People who experience psychosis can't do well.	Explain the role and benefit of early intervention; provide positive stories and role models
The signs and symptoms are typical for adolescence	We are looking for multiple significant changes which are inconsistent with normal development or culture.