

# Charter of good practice in psychological therapies for people experiencing psychosis

## This charter

- Focuses on psychological needs and therapies (and in doing so in no way undervalues the importance of other contributions to the wellbeing and recovery of people with psychosis).
- Is based on the current best understanding of psychosis – which is that for most people a psychotic disturbance is a result of a person being overwhelmed by an excess of difficult experiences and feelings at a vulnerable time leading to an altered sense of reality (sometimes called the stress vulnerability model).
- Recognises that psychosis can appear in many forms and can be brief, episodic, have a gradual onset or be longer term.
- Recognises there are those for whom a medical condition can lead to psychosis such as a brain tumour, an endocrine condition or the side effect of prescribed or street drugs.

## The charter

- The primary member of staff allocated should be someone intending to work in the service for at least eighteen months because the stability and continuity of a good relationship is crucial to recovery.
- A person experiencing psychosis should have a sensitive assessment to gather a picture of their strengths and their psychological vulnerabilities and their personal circumstances. This assessment should be modified as appropriate over time to highlight developments and contemporary issues and further understanding.
- The assessment should contain both the person's own narrative and that of relevant others.
- The assessment should lead to a formulation that aims to 'make sense' of the information gathered, of what has led to the person's 'break' with reality, and aims to elicit the meaningful personal issues contained in the psychotic manifestations.
- Those nearest to the person should also be offered a sensitive assessment of their own needs and be offered appropriate psychological help. In many cases families may both want and benefit from being helped together with the member who has had or is still experiencing psychosis. Family meetings should be offered at least monthly and more frequently at times of crisis, and these meetings should continue as long as needed.
- All people who experience psychosis should be helped to develop a 'relapse prevention' or 'staying well' plan, which involves identifying early warning signs of psychosis and clarifies effective interventions at that stage. Family members and others should be involved where this is agreed with the person concerned, as they can be of great assistance at vulnerable times.
- Teams working with psychosis should ensure that all staff are confident that they have the skills to engage with family members and others in the individual's social network.

- Teams should ensure that staff develop skills in a range of psychological therapeutic approaches for the variety of psychological problems encountered in those vulnerable to psychosis, so that people are offered therapies that match their needs rather than them having to fit in with the service.
- All people who have experienced psychosis should have access to long-term psychological therapy, which might last for a period of up to five years, that helps them in their recovery. The therapist should be experienced and regularly supervised.

For more information please visit our website [www.isps.org](http://www.isps.org)