

Psychosis Symptoms: Coping and Communication Strategies

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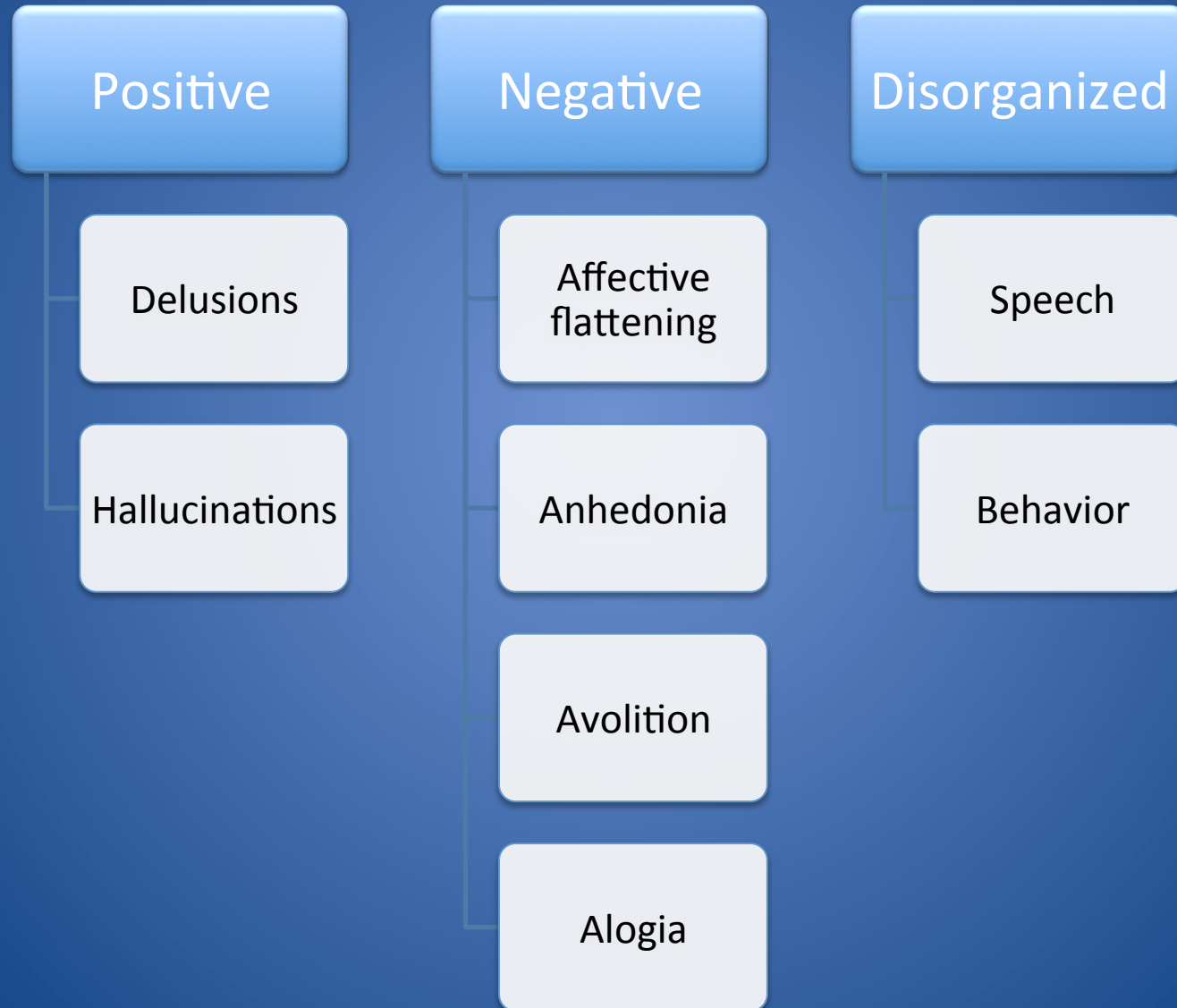
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May 22, 2018

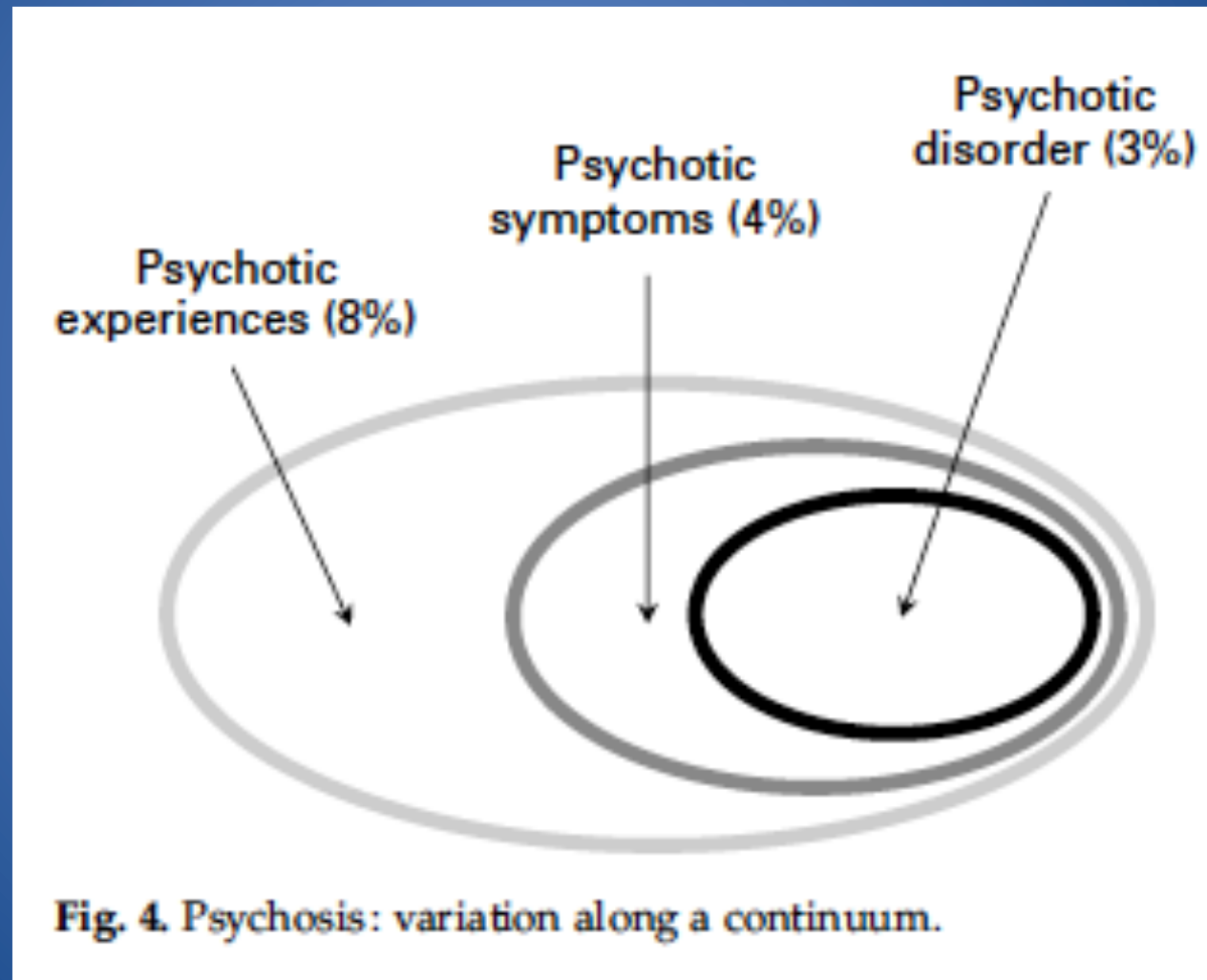
Session Goals

- When someone has symptoms of psychosis, it can be confusing and distressing for family and friends
- Goals of this session are to provide:
 - Further information about symptoms
 - Some strategies and suggestions for coping with behaviors that can be associated with psychosis symptoms

Psychosis Symptoms



Psychosis as a Continuum in the General Population



Developmental Trajectory of Psychosis

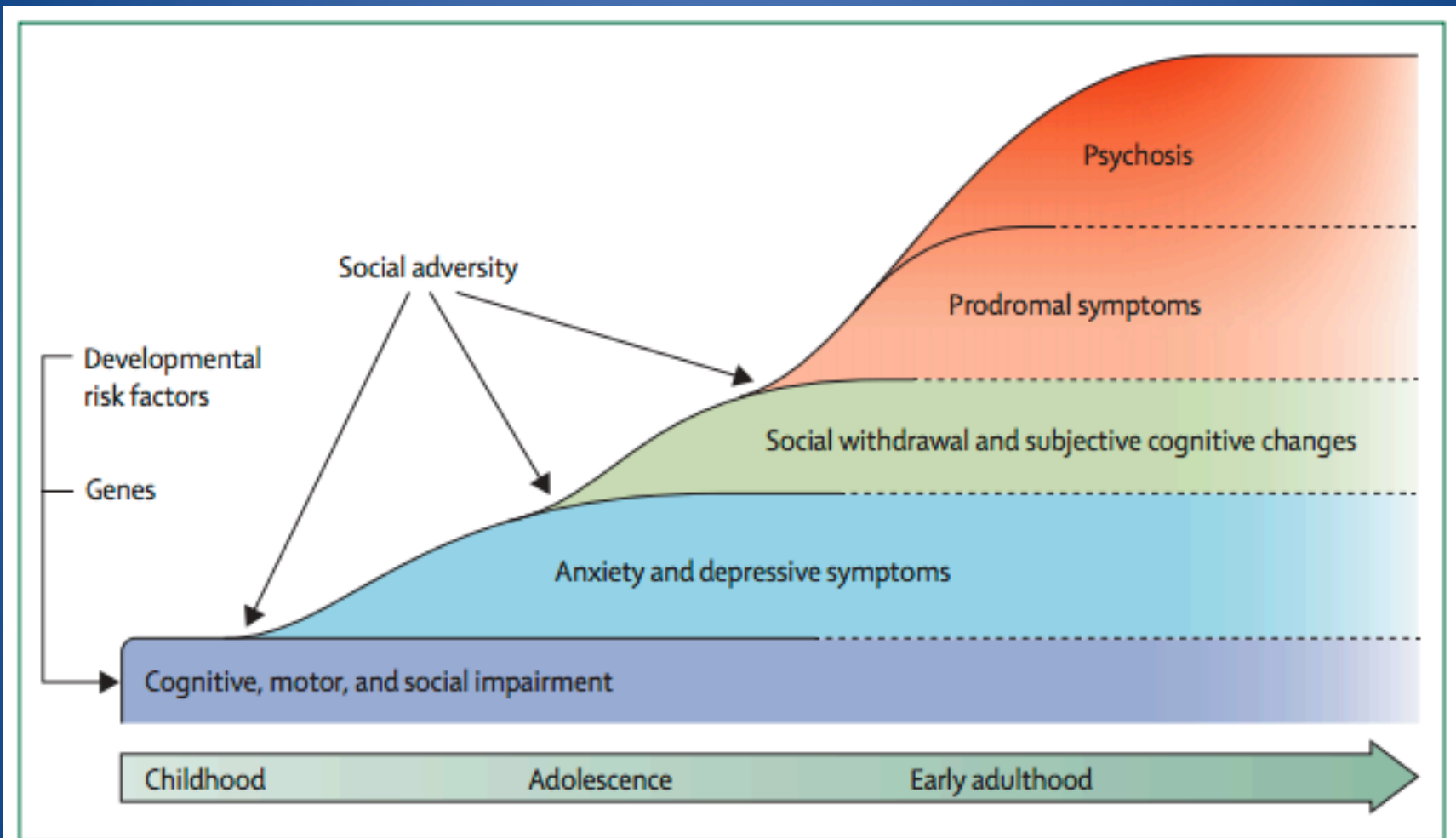
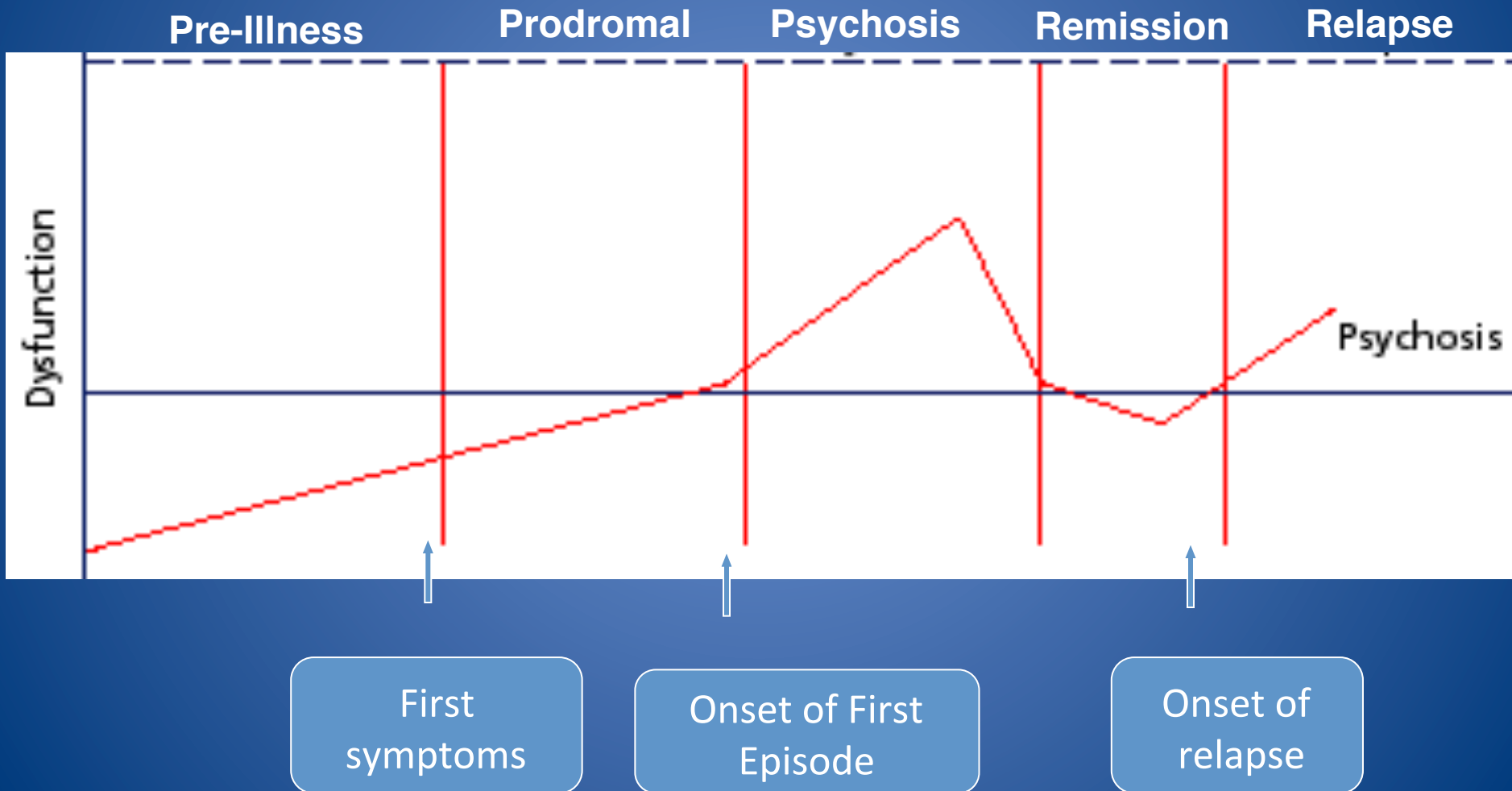


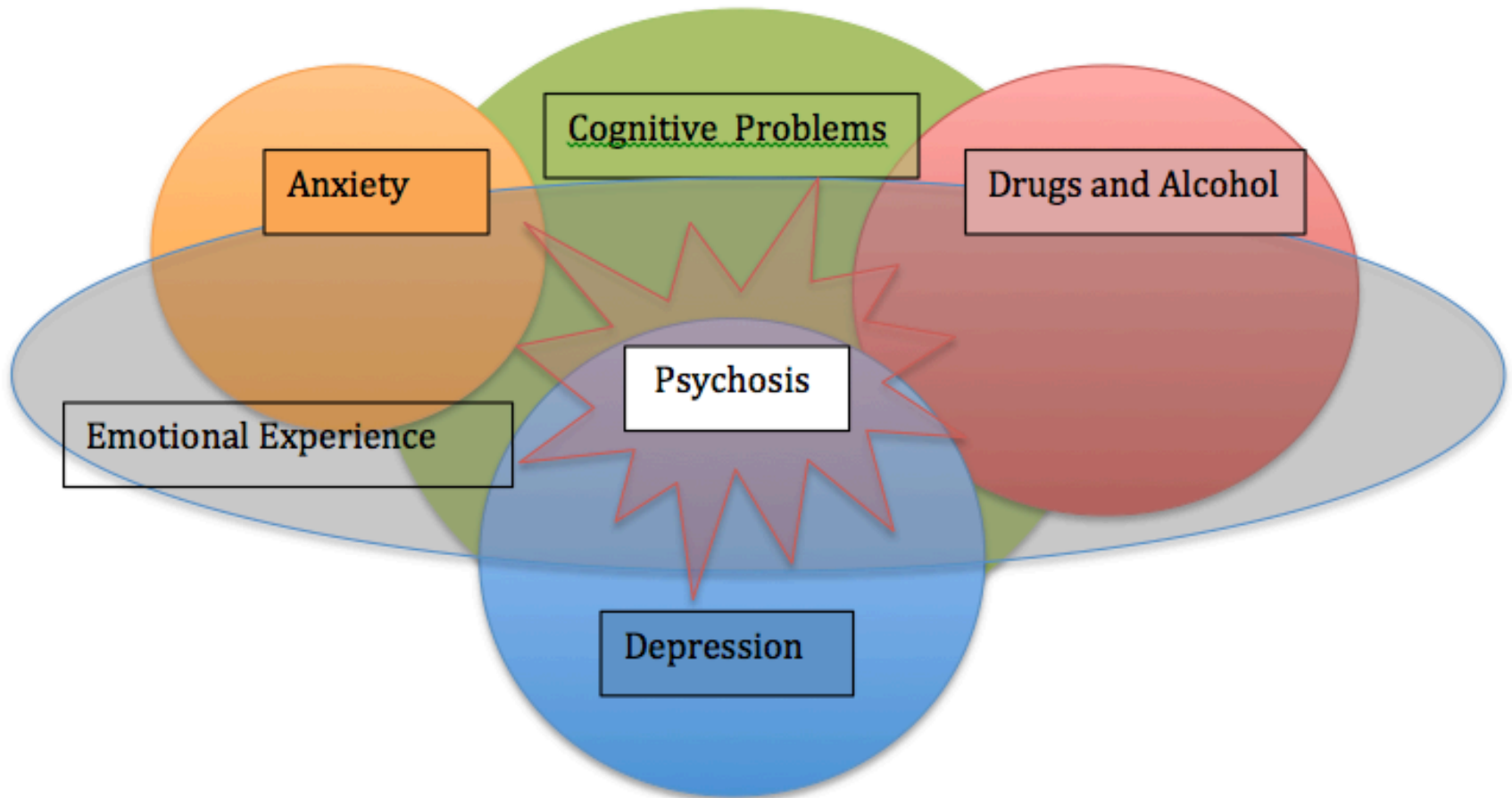
Figure 1: The trajectory to schizophrenia showing the evolution of symptoms and the main risk factors

Course of Psychosis



Adapted from Knowles, 2004

Challenges of Early Psychosis



General Tips

For You

- Understand
 - You are not to blame
 - This is an adjustment for everyone - not only has your family member's developmental track been thrown off, yours may have been too
 - Most people have very little preparation for this situation, so you cannot be expected to simply know what is helpful/ what to avoid

For Your Family Member

- Encourage and support treatment
 - Be collaborative with family member (and treatment team)
 - Discuss strategies or skills they are learning – and ways you can support or participate
- Understand it can be a long road to recovery, so just as with any recovery
 - Allow time and space for recuperation
 - Acknowledge and appreciate small steps and milestones

Delusions

Helpful

- Know that to your loved one the delusions are REAL and can be anxiety producing
- Connect with the emotion of the delusion – respond to these emotions
- Acknowledge your relative’s feelings without reinforcing the actual belief
 - Communicate that you are on their side and want to help. *“...this must be very frightening for you, maybe if we talk about it you may feel less anxious....”*
- Reassure clearly and calmly
 - Let them know you understand but that you believe there is no threat *“...I know you think the police are following you, but I don’t think this is true....”*
- Sometimes you can try to explore the evidence for a particular belief.
 - This is not the same as challenging it
 - Encourage your relative to consider the evidence for their belief by asking questions and being non judgmental
 - Provide alternative explanations – sympathetically and carefully
- Take steps to de-escalate
 - Reduce stimulation and audience -reduce the number of people and noise around the person
 - Calm things down

Avoid

- Laughing at, ignoring, or saying the thoughts are stupid or not true
- Telling the person s/he is “crazy” – which can lead to anger and hurt
- Arguing with the person about the delusions
- Agreeing with the beliefs (or pretending to agree) as this may reinforce them
- Challenging the delusions too directly as this can backfire
- Doing/saying things that you have observed to escalate the delusion
- Continuing a conversation that you feel is distressing, or annoying or too confusing for you. Ok to say *“I’ll talk to you later.”*

Hallucinations

Helpful

- Stay calm
- Offer a distraction
 - Involve him/her in something interesting
 - Offer something to look at, read or listen to
- Engage in pleasant conversation
- Show understanding of the persons feelings about the hallucinations
- Can ask about the experience if the person wants to talk about what they are seeing/hearing
- Can say when something is not real, while acknowledging they seem real to your relative
- Can help him/her tell the difference between real and imaginary (e.g., *“it’s your brain that is making something appear, it’s not really there.”*)

Avoid

- Blaming yourself or another family member
- Panicking or getting angry
- Trying to figure out what s/he is talking about or to whom s/he is talking
- Laughing about the hallucinations or strange talk, or allowing other family members to make jokes/criticize
- Asking him/her to try to force the voices to stop
- Minimizing the experience – remember it is real to him/her

Avolition and Anhedonia

Helpful

- Remember these are symptoms, not willful disobedience or “laziness”
- Offer or suggest some simple activities – experiment to find out what s/he will enjoy
- Aim for a regular daily routine so things are predictable
- As s/he starts to get better, give simple daily chores (break down into small steps) – offer incentives/praise (even if not perfect – may make mistakes)
- Focus on the future, not the past - discuss treatment goals, and how you can help
- Focus on the process, rather than the outcome
- Progress may be slow, but reassure and encourage by noting and praising each small success

Avoid

- Insisting that s/he do too much or go out (putting too much pressure)
- Overwhelming him/her with too many suggestions or instructions at once – your relative’s thinking may be slowed at first, so short steps are more likely to be achieved
- Suggesting activities or chores that are too complicated
- Criticizing or labeling relative as “lazy”
- Expecting relative to do things s/he is afraid of doing (e.g., going out to a party) or finds too confusing
- Arguing about tasks/chores/activities
- Reminding relative how they used to be – may add to negative feelings about how things have changed

Social Withdrawal and Isolation

Helpful

- Lower expectations - leave the person alone but make regular contact
- Let your relative know you are there if needed
- Gently encourage other activities that are not too demanding at first – provide undemanding and uncomplicated social activity to rebuild confidence and interest
- Understand that your relative may feel vulnerable in social situations – invite and involve the person in family activities if they are willing
- Offer praise for getting up, being more social, and for their effort
- Ask what would be helpful – where would s/he feel most comfortable
- Remember s/he may need sleep while recovering – later on, offer to help the person to set up a schedule for sleep/wake
- Ask him/her to share goals – discuss ways you can support those goals
- Understand that s/he may feel isolated because of stigma they have experienced or think they will experience

Avoid

- Taking it personally or blaming yourself
- Putting too much pressure on him/her
- Trying to coax the person out of his/her room
- Worrying or fussing too much over him/her
- Avoiding or isolating him/her
- Inviting a lot of visitors home – it may be overwhelming
- Trying to force him or her to talk to people
- Expecting your relative to stay ill or incapable of daily routine activities

Affective Flattening

Helpful

- Be aware that this is a symptom
- Know that just because the person isn't showing their feelings, it doesn't mean they are not feeling anything

Avoid

- Taking it personally
- Getting frustrated or hurt that the person isn't showing his/her feelings

Problems with Thinking and Speech

Helpful

- Try to be patient and listen to your relative
- If they start drifting off onto unrelated subjects, gently try to steer them back
- Speak to the person in a clear and simple way
- If necessary, repeat things, talking slowly
- Allow plenty of time for him/her to answer
- Give step-by-step instructions

Avoid

- Criticizing the person for the problems in thinking and speech
- Comparing the way their thinking is “now” to the way it used to be

Odd or Embarrassing Behavior

Helpful

- Remember that you are not responsible
- Ignore the behavior if you can, especially if not serious
- If you can't ignore, ask the person clearly and pleasantly not to do the behavior
- If the person can't help the behavior, aim to set parameters
- State clearly that the behavior is not acceptable to others
- If you can, change the environment so as to lessen the behaviors – if it is set off by stress, see if the stress can be reduced or lessened
- Find times to praise the person for acting more appropriately

Avoid

- Telling yourself that the behavior is a reflection on you or your family
- Acting upset
- Getting into long discussions about it
- Letting other family members and friends pay attention to or laugh about the behaviors
- “Nagging” a person about the behavior

Aggression

Helpful

- Remember that anger/aggression may be directed against you because you are the closest person to them – it is not necessarily a personal attack
- Listen to your relative and try to work out why they are angry/upset
 - Ask him/her to explain
 - Summarize what you think they mean and ask if correct
- Develop a plan
- Give clear direction such as “stop please”
- If s/he doesn't stop, leave the room or house quickly
- Do leave the person alone until the person has calmed down
- Take any threats or warnings seriously
- Try to see what triggers aggression and try to avoid the behavior/situation (e.g., certain topics of conversation)
- If all else fails, call 911 – explain that mental health situation

Avoid

- Saying angry, critical things
- Arguing
- Getting angry yourself – use a calm voice and keep neutral facial expression
- Staying in the room if the person doesn't calm down
- Ignoring verbal threats or warning of aggression to you or your family or others
- Trying to reason it out on your own – ask for help

Suicidal Ideation

Helpful

- Listen to your relative's feelings but also point out that help is available
- Show appreciation of your relative's feelings and the fact that s/he confided in you
- Contact team if SI persists
- Encourage your relative to be involved in pleasant, low key activities
- Help the person to be with someone who accepts them so they don't feel isolated
- Consider whether any stressors can be removed

Avoid

- Panicking, but do take feelings seriously
- Telling the person things like, "Pull yourself together," or "You don't really mean that."
- Keeping this a secret – talk about it with the treatment team

Alcohol or Street Drugs

Helpful

- Know that drugs and alcohol can make symptoms worse and trigger relapse
- Remind relative that drugs are harmful
- Assist him/her to develop ways for avoiding offers of drugs/
 - Let your relative know it's ok to let friends know that substances are not helpful when recovering from psychosis
- Discuss alternate ways to
 - Cope with stressors
 - Be social or be with friends (may need to learn new things)

Avoid

- Criticizing any use of substances
- Letting family or friends encourage drinking or drug taking
- Denying that your relative will be tempted to use alcohol or drugs – it's better to talk about it

Concluding Tips

For You

- Manage stress of coping with your relatives disorder
 - Practice acceptance
 - Recognize your own limits
 - Avoid blame
 - Try out some new strategies
- Put on your own “oxygen mask” first
 - Make time for yourself
 - Look after your health
 - Join a support group – you are not alone!

For Your Family Member

- Understand there may be setbacks or relapses (but avoid catastrophizing)
- Watch for signs of relapse
- Prepare for a crisis situation (have an emergency plan)
- Advocate but avoid taking matters in your own hands – collaborate with treatment team

Questions and Discussion

Penn Behavioral Health



Penn Medicine



PERC

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