Coping With and Responding to Psychosis Symptoms

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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

- Positive
  - Delusions
  - Hallucinations

- Negative
  - Affective flattening
  - Anhedonia
  - Avolition
  - Alogia

- Disorganized
  - Speech
  - Behavior
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
## 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
<table>
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<tr>
<th>Helpful</th>
<th>Avoid</th>
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<tbody>
<tr>
<td>• Know that to your loved one the delusions are REAL and can be anxiety producing</td>
<td>• Laughing at, ignoring, or saying the thoughts are stupid or not true</td>
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<td>• Connect with the emotion of the delusion – respond to these emotions</td>
<td>• Telling the person s/he is “crazy” – which can lead to anger and hurt</td>
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<td>• Acknowledge your relative’s feelings without reinforcing the actual belief</td>
<td>• Arguing with the person about the delusions</td>
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<td>• 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....”</td>
<td>• Agreeing with the beliefs (or pretending to agree) as this may reinforce them</td>
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<td>• Reassure clearly and calmly</td>
<td>• Challenging the delusions too directly as this can backfire</td>
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<td>• 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....”</td>
<td>• Doing/saying things that you have observed to escalate the delusion</td>
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<tr>
<td>• Sometimes you can try to explore the evidence for a particular belief.</td>
<td>• Continuing a conversation that you feel is distressing, or annoying or too confusing for you. Ok to say “I’ll talk to you later.”</td>
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<td>• This is not the same as challenging it</td>
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<td>• Encourage your relative to consider the evidence for their belief by asking questions and being non judgmental</td>
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<td>• Provide alternative explanations – sympathetically and carefully</td>
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<td>• Take steps to de-escalate</td>
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<td>• Reduce stimulation and audience -reduce the number of people and noise around the person</td>
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<td>• Calm things down</td>
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## Hallucinations

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<td>• Stay calm</td>
<td>• Blaming yourself or another family member</td>
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<tr>
<td>• Offer a distraction</td>
<td>• Panicking or getting angry</td>
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<tr>
<td>• Involve him/her in something interesting</td>
<td>• Trying to figure out what s/he is talking about or to whom s/he is talking</td>
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<tr>
<td>• Offer something to look at, read or listen to</td>
<td>• Laughing about the hallucinations or strange talk, or allowing other family members to make jokes/criticize</td>
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<td>• Engage in pleasant conversation</td>
<td>• Asking him/her to try to force the voices to stop</td>
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<tr>
<td>• Show understanding of the persons feelings about the hallucinations</td>
<td>• Minimizing the experience – remember it is real to him/her</td>
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<tr>
<td>• Can ask about the experience if the person wants to talk about what they are seeing/hearing</td>
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<td>• Can say when something is not real, while acknowledging they seem real to your relative</td>
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<tr>
<td>• Can help him/her tell the difference between real and imaginary (e.g., “it’s your brain chemistry which is making something appear, it’s not really there.”)</td>
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# 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 relatives 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

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<td>• Try to be patient and listen to your relative</td>
<td>• Criticizing the person for the problems in thinking and speech</td>
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<td>• If they start drifting off onto unrelated subjects, gently try to steer them back</td>
<td>• Comparing the way their thinking is “now” to the way it used to be</td>
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<td>• Speak to the person in a clear and simple way</td>
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<td>• If necessary, repeat things, talking slowly</td>
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<td>• Allow plenty of time for him/her to answer</td>
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<tr>
<td>• Give step-by-step instructions</td>
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## 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 emergency

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
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<tr>
<td>• Listen to your relatives feelings but also point out that help is available</td>
<td>• Panicking, but do take feelings seriously</td>
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<tr>
<td>• Show appreciation of your relative’s feelings and the fact that s/he confided in you</td>
<td>• Telling the person things like, “Pull yourself together,” or “You don’t really mean that.”</td>
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<tr>
<td>• Contact team if SI persists</td>
<td>• Keeping this a secret – talk about it with the treatment team</td>
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<td>• Encourage your relative to be involved in pleasant, low key activities</td>
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<td>• Help the person to be with someone who accepts them so they don’t feel isolated</td>
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<td>• Consider whether any stressors can be removed</td>
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# Alcohol or Street Drugs

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<tr>
<td>• Know that drugs and alcohol can make symptoms worse and trigger relapse</td>
<td>• Criticizing any use of substances</td>
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<tr>
<td>• Remind relative that drugs are harmful</td>
<td>• Letting family or friends encourage drinking or drug taking</td>
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<tr>
<td>• Assist him/her to develop ways for avoiding offers of drugs/</td>
<td>• Denying that your relative will be tempted to use alcohol or drugs – it’s better to talk about it</td>
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<tr>
<td>• Let your relative know it’s ok to let friends know that substances are not helpful when recovering from psychosis</td>
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<tr>
<td>• Discuss alternate ways to</td>
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<tr>
<td>• Cope with stressors</td>
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<tr>
<td>• Be social or be with friends (may need to learn new things)</td>
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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

**For Your Family Member**
- Understand there may be set-backs 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
Contact Us

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