



Coping With and Responding to Psychosis Symptoms

Monica E. Calkins, Ph.D.

Associate Professor of Psychology in Psychiatry

University of Pennsylvania

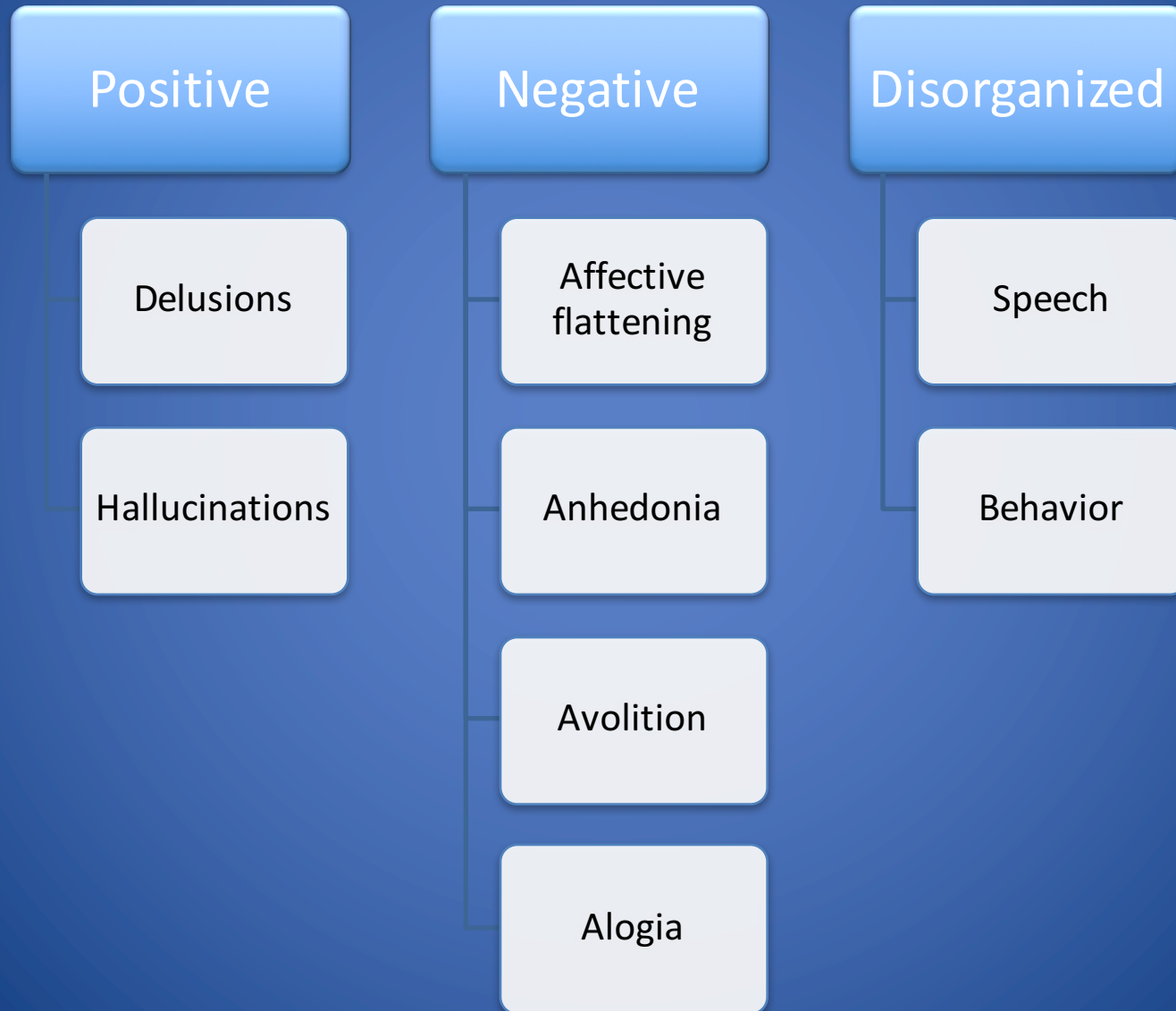
Department of Psychiatry, Neuropsychiatry Section

May 2, 2016

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



Developmental Trajectory of Psychosis

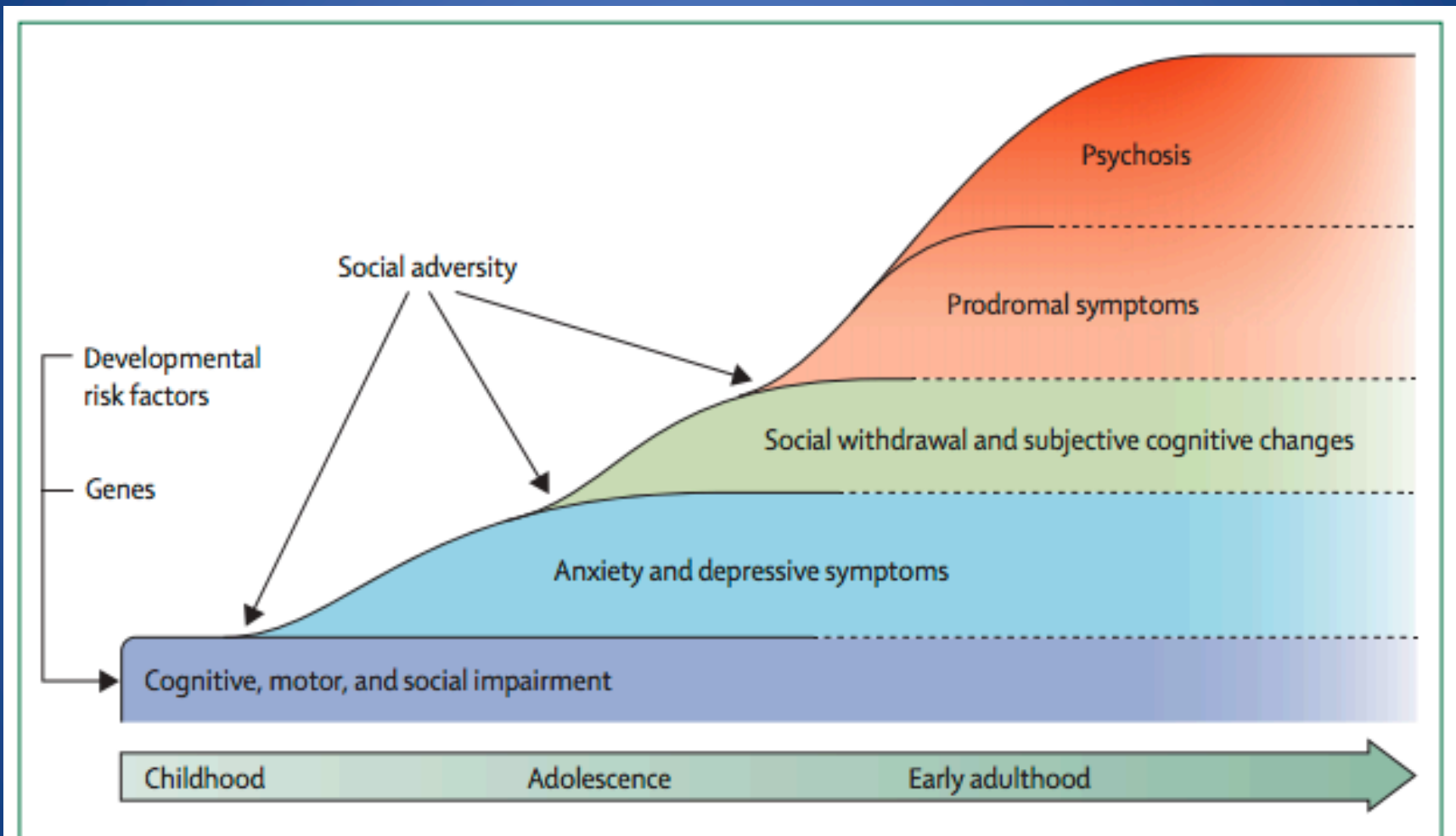
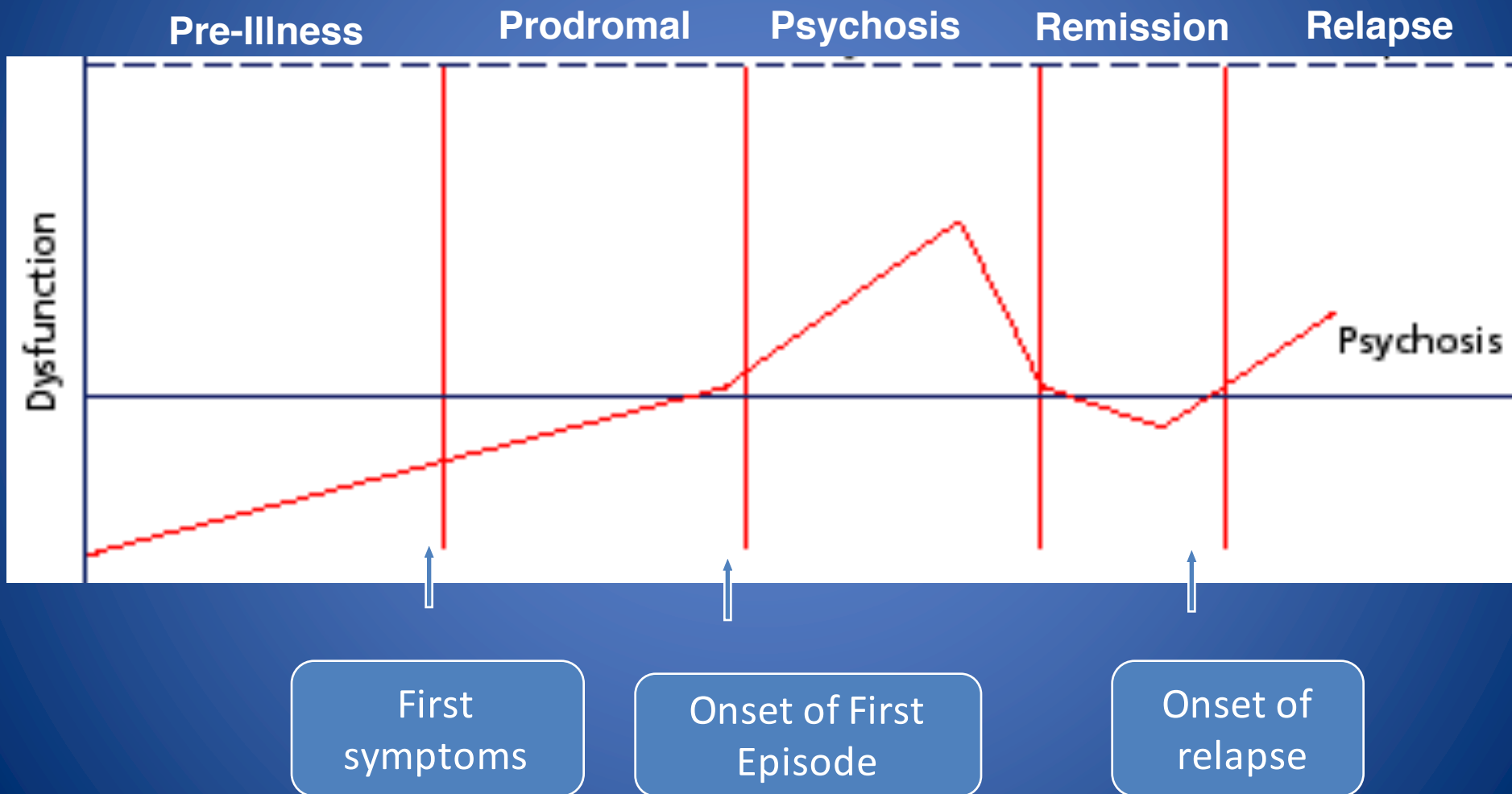


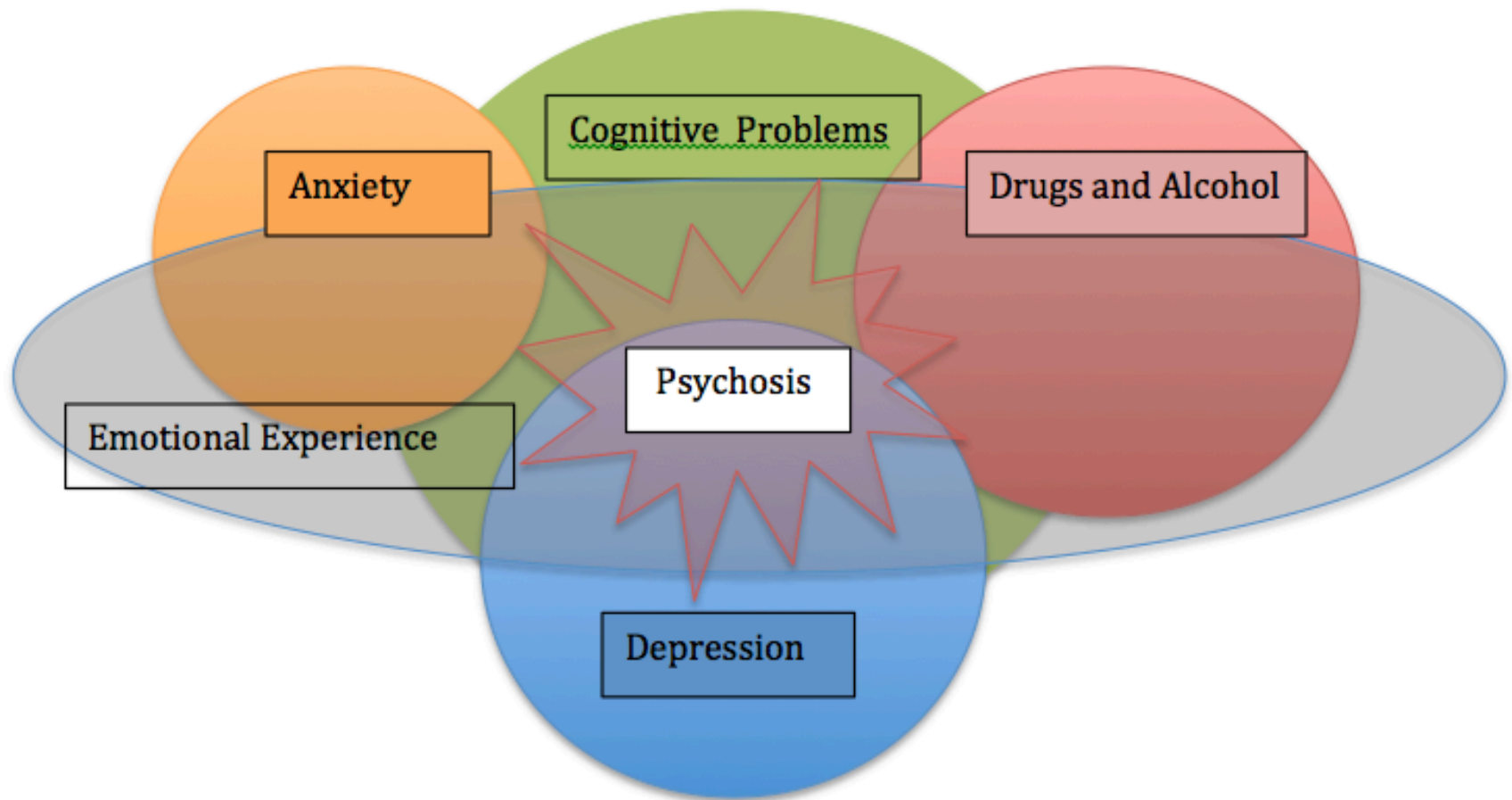
Figure 1: The trajectory to schizophrenia showing the evolution of symptoms and the main risk factors

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 chemistry which 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 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

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 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

Suicidal Ideation

Helpful

- Listen to your relatives 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

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

Penn Behavioral Health



Penn Medicine

Contact Us

Penn Psychosis Evaluation and Recovery Center

10 Gates Building

Hospital of the University of Pennsylvania

Department of Psychiatry

3400 Spruce Street

Philadelphia, PA 19104

Tel: (215) 615-3292

Fax: (215) 615-7903

www.med.upenn.edu/perc