

HELPFUL INTERVENTIONS FOR
PERSONS EXPERIENCING
PSYCHOSIS

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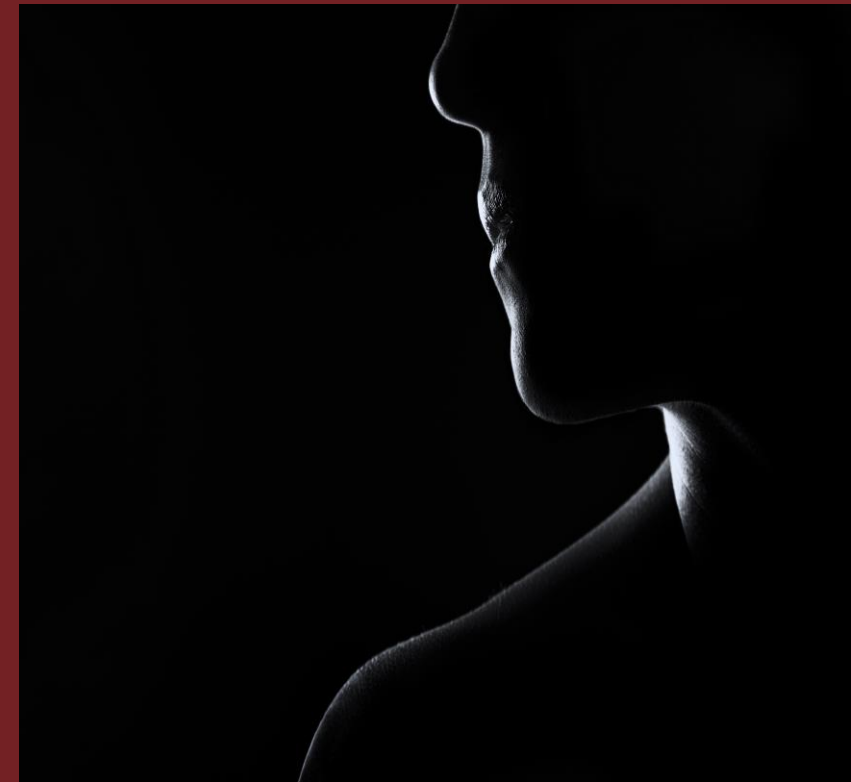
AGENDA

- Psychosis—What is it, what does it look like, and how does it interact with trauma?
- Trauma-informed lens on Psychosis: Emphasizing Patient autonomy and choice while encouraging healing
- Referring to ACCESS services: when and how
- Managing vicarious trauma in our work
- Summary and further resources



WHAT IS PSYCHOSIS? WHAT CAUSES IT?

- Psychosis refers to a collection of symptoms that affect the mind, where there has been some **loss of contact with reality**. During an episode of psychosis, a person's thoughts and perceptions are disrupted and they may have difficulty recognizing what is real and what is not. --National Institute of Mental health



POSITIVE SYMPTOMS OF PSYCHOSIS- THINGS OTHER DO NOT EXPERIENCE

- Positive symptoms are behaviors or thoughts you acquire. The positive symptoms of psychosis contribute to your disconnection from reality.
- Positive symptoms include:
 - delusions
 - hallucinations
 - disorganized speech and disorganized thoughts
 - disorganized behavior

NEGATIVE SYMPTOMS

Symptoms of psychosis that cause you to lose ability or function are called negative symptoms.

These may include:

- withdrawn mood
- decreased motivation
- lack of emotional display
- decreased gestures and movement
- lack of interest in other people, activities, or events
- changes in personality
- MEDS do not address these symptoms



PSYCHOSIS FIRSTHAND

- <C:\Users\dmarchman\OneDrive - Lifelong Medical\psychosis recording.m4a>
- Explains psychosis firsthand 5 min
- From podcast "Lost Patients" episode 1 "Churn"

REACTIONS

WHAT IS YOUR REACTION TO THE
AUDIO? HOW DOES THIS IMPACT
YOUR VIEW OF PSYCHOSIS?





WHAT CAUSES PSYCHOSIS?

Mental illness

Trauma exposure

Substances/drugs/alcohol

Brain injury or degenerative brain diseases

Lack of sleep, other physical problems

A mix of above causes

WHAT IS ANOSOGNOSIA

Anosognosia, also called "lack of insight," is a symptom of severe mental illness experienced by some that impairs a person's ability to understand and perceive their illness. It is the single largest reason why people with schizophrenia or bipolar disorder refuse medications or do not seek treatment.

There is evidence that 'anosognosia' related to schizophrenia may be the result of frontal lobe damage. Anosognosia can vary over time, or come and go with episodes of illness.

Anosognosia affects 50% of people with schizophrenia, and 40% of people with bipolar disorder.



ANOSOGNOSIA BY THOSE WHO EXPERIENCED IT

Begin 918

End 1145

[Living With Schizophrenia - YouTube](#)

Do Not say:

*Refuses to
acknowledge*

Denies he/she's ill.

Doesn't admit.

Won't admit.

We do not need
people to ADMIT
they are sick to get
help and improve
symptoms.

LANGUAGE MATTERS

Do say:

1. *Cannot acknowledge*
2. *Unaware he/she's ill.*
3. *Unable to admit.*
4. *Struggling with symptoms*

TRAUMA- INFORMED APPROACH

Instead of asking

“What is WRONG with you?”

Ask

“What is HAPPENING with you?”

You are more than your trauma.

You are more than what has happened to you.

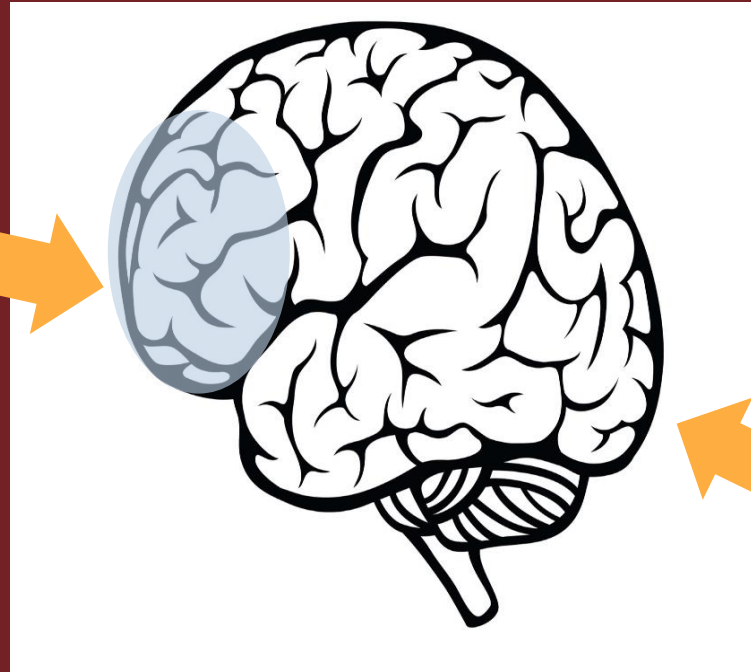
This person did not come to attack/insult/bother you today—they are struggling!

SURVIVAL BRAIN

Responding to perceived threats

Prefrontal cortex:

Thinking brain goes offline...



Limbic system:

Survival Brain TAKES OVER

Trauma + Psychosis = a more intense survival response!

LONG HISTORIES OF TRAUMA (INCLUDING HOMELESSNESS) CAN EXACERBATE PSYCHOTIC SYMPTOMS OR MIMIC THEM

1. Significant and chronic exposure to trauma puts the brain on permanent high alert, often creating paranoia, distrust, and even delusions that others are out to get that person
2. Homelessness is a chronic trauma
3. If this person with chronic trauma also has a psychotic illness, symptoms of paranoia and delusions of persecution can be made worse.
4. Regardless of the cause, these symptoms can benefit from LEAP, relationship, empathy, and attention to safety needs



POLL:

- How have you helped soothe/calm someone in survival brain?



SOOTHING THE SURVIVAL BRAIN

1

RECOGNIZE

- What is your survival response?
- What does it look like in others?

2

RELAX

- Use a grounding technique to focus your attention to a neutral place
- Stretch, breathe, squeeze, and release

3

REFLECT

- “What is the need behind this person’s behavior?”
- “How can I respond to this need?”
- Needs include: to feel safe, to feel connected, to feel in control of ones life

GROUNDING TECHNIQUES TO SOOTHE

- Box breathing: in for four, hold for four, out for four, hold for four
- Squeeze/release muscle tensing and relaxing
- Using calm, low voice, few words
 - Use calming body language (open stance, far away from person)

- Identify possible need: Is the person tired, hungry, scared, lonely, disconnected, disempowered?
- Can you offer choices (control):
"Mr. M, you can :
 - 1) wait here while I find out more information for you,
 - 2) or I can call you back this afternoon
 - 3) Or you can return tomorrow.
 - Which would you like to choose?"
-

HOW TO RESPOND TO NEEDS



- Can you speak to connection?
- *"J, we are going to work together until we find you a place to stay. You don't have to do this alone."*
- Emphasize using the word "we" which indicates working together instead of against.

CONNECTION NEEDS



- Simple gestures can say a lot
- "Let's talk about what we can do to solve this. But first, can I get you a drink of water? "

SIMPLE GESTURES

—



WHEN GIVING CHOICES

Even if patients are making choices that are risky or not what we would choose for them, it is important we let them choose. _____

Building Trust/relationship means respecting their ability to choose (unless there is imminent danger).

We can still have conversations about pros/cons of choices, previous experiences/consequences of those choices, and instilling hope for change in the future.

Consider motivational approaches:

“If you wanted to make a change, what would you choose?”

“What are the good aspects of this choice? The ones you're concerned about?”



LEAP
DR. XAVIER
AMADOR

Listen
Empathize
Agree
Partner

- Developing a safe relationship where a person feels they can communicate with you what they are experiencing is key in helping them accept help
- People must feel you are non-judgmental, not going to tell them what to do, and not tell them they are ill.

RELATIONSHIP IS
KEY

POLL

- True/False
- It is best to reality-test with persons experiencing psychosis to get them to see what is "Real" so they won't be so distressed.

MAKE IT SAFE

Reassure the person that they are safe and that you are there to support them!

How do you make psychosis and client's understanding of their illness safe to talk about?

First, stop arguing with them about what's "real"

Apologize if you've done this before

"I want to hear more about why you hate the medicine and I promise I won't do anything but listen and try to get a better understanding of your view on this. I promise not to give my opinion."

DO NOT TRY TO CHALLENGE DELUSIONS

- Do not try to convince someone of what is real and what isn't
- You will not "strengthen" a delusion if you don't challenge it
- The experiences feel real to the person and they feel alone and that no one believes them
- Avoid too many questions or over stimulation—remember, the person possibly has lots on internal stimulation already!

LEAP—REAL DIRECT REFLECTIONS

- Listen: real reflective listening.

See video clip 4 min

[leap video reflective listening](#)



DIRECT REFLECTIONS ARE BEST!



- Client: The neighbor at my house has been putting cameras in my light fixtures. I don't trust him and I don't want to live there anymore!
- Staff: So the neighbor at your house has been putting cameras in your light fixtures, and therefore you don't trust him and dont want to live there anymore."
- Client: Finally someone is listening to me!!

LET IT BE
AND
EMPATHIZE

If a client is getting agitated, let the topic go. You may need to give them some physical space as well.

If a client is really disorganized, reflect back the feeling instead of trying to get the content perfectly right

“wow, this sounds like a frightening situation for you.”

POLL: WHAT ARE COMMON NEEDS/REQUESTS?

- What are some common needs/requests you get from clients who are experiencing psychosis?

Are there items you agree on with the client?

"Am I getting this right? It sounds like you need (something to eat, a better place to stay, more income, someone who can help you with your pain)? Can I give you some resources to help with that?"

"We are going to work together to help you get this figured out."

Calling 211 or giving them 211 can be a helpful resource

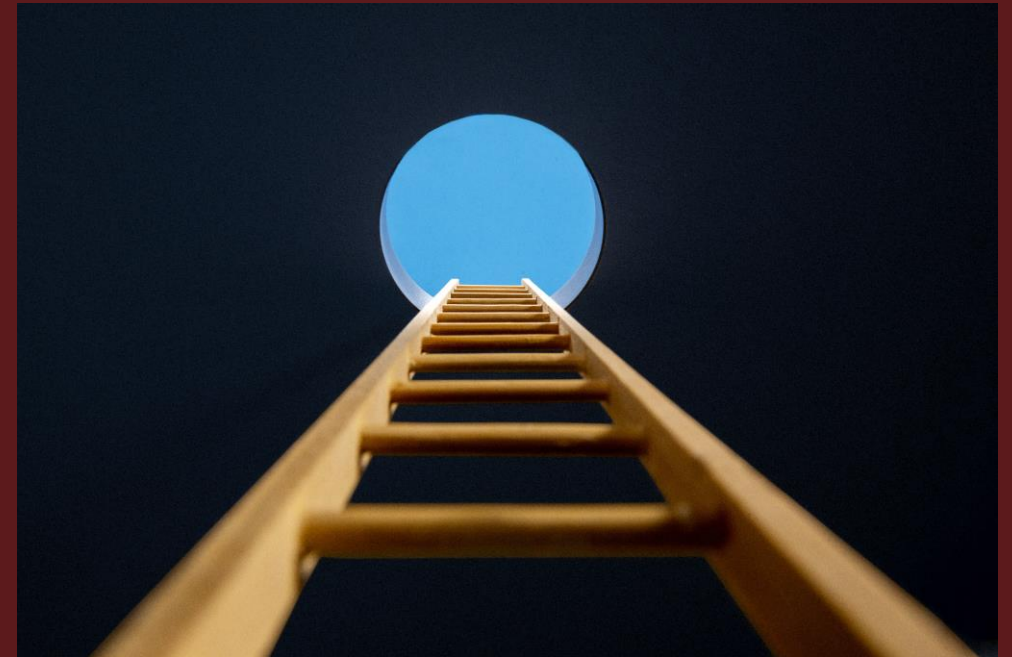
WHAT CAN WE AGREE ON? THEN PARTNER WITH THEM

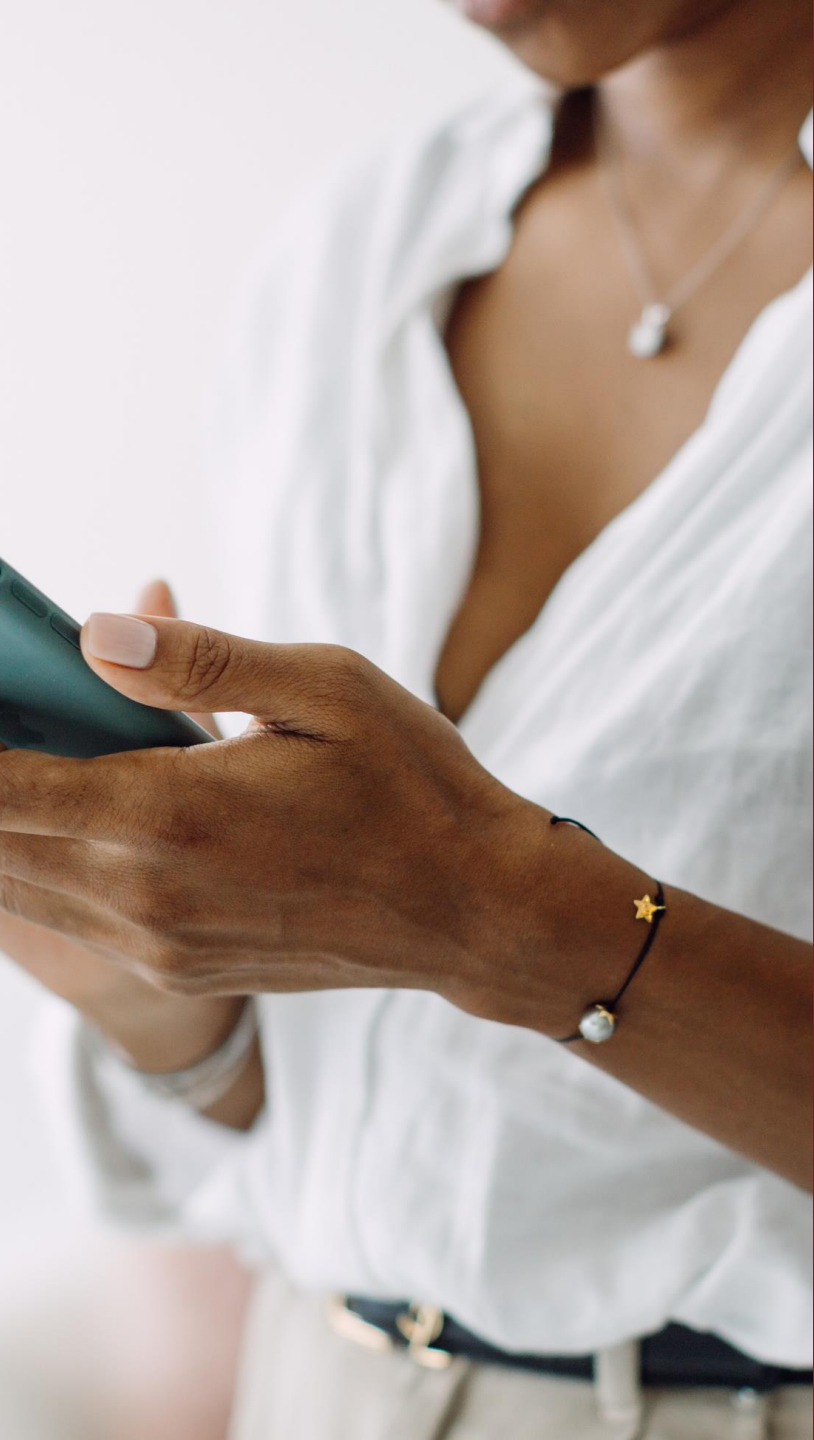


- Can you connect helpful treatments to things the person really wants or values?

- Do they want to work, reestablish relationship with family, have a significant other, get medical care?
- How can their work in managing symptoms move them closer to their goals?
- i.e. I noticed you had an easier time talking with others in the office yesterday, which I know is something you really want to do more of.
- What was different about yesterday? Do you think (taking meds/sleeping well/not drinking yesterday) had any impact?

WHAT ARE PATIENTS HOPES AND GOALS?





WHEN TO REFER TO ACCESS

What is the ACCESS line (800-491-9099) ? They provide:

- information about MH services and service alternatives
- Telephone screening to determine if consumer meets medical necessity criteria for Specialty Mental Health Services (case managers)
- Crisis screening and referrals (ACCESS is not a suicide hotline)
- Verification of Behavioral Health Plan eligibility
- Determination of appropriate level of care and provider selection



BERKELEY MENTAL HEALTH(FOR THOSE WHO RESIDE OR CAMP IN BERKELEY)

Accessing services

To access adult mental health services, call or walk in to our clinic during the following times:

- Call (510) 981-5244
 - Monday–Friday, 10:00 am–5:00 pm
- Visit the Adult Services Clinic
 - Monday–Thursday, 10:00 am–3:00 pm
 - 2640 Martin Luther King Jr Way, Berkeley, CA 94704
- For questions or inquiries about Mental Health Services, please email MentalHealth@berkeleyca.gov

DO'S AND DONT'S FOR ACCESS REFERRALS

Do—have patient insurance information, address, phone number

Do—call with patient as they won't speak to you without them

Do—prepare client ahead of time for a long call and being asked personal questions. Remind them of the goal—to connect to help.

Don't—give up if there are multiple calls needed!

Don't—let patient minimize symptoms if you are able to add information

Don't—forget to add relevant info around patient life circumstances and symptoms. This info can change eligibility for services.

for example: include info on suicidal episodes, hospitalizations you are aware of out of county, housing instability, health conditions



WHEN A PATIENT NEEDS CRISIS ASSISTANCE

Encourage them to call 988 or do so with them—they will get sent to alameda county crisis support services. They do not need to be suicidal to call.

Mobile crisis team—they will come out to assess/intervene with a person in crisis (510) 891-5600) or 911—request CATT team)

OTHER RESOURCES

PEERS—in Oakland--network of consumers of mental health services, support groups and WRAP groups. [Peers Envisioning and Engaging in Recovery Services - Home \(peersnet.org\)](http://peersnet.org)

Hearing voices network—destigmatizing and supporting voice hearers [National Hearing Voices Network - For people who hear voices, see visions or have other unusual perceptions \(hearing-voices.org\)](http://hearing-voices.org)

National Association on Mental Illness (NAMI) in alameda county: [NAMI Alameda County: Mental Health Support, Education & Resources](http://www.nami.org)

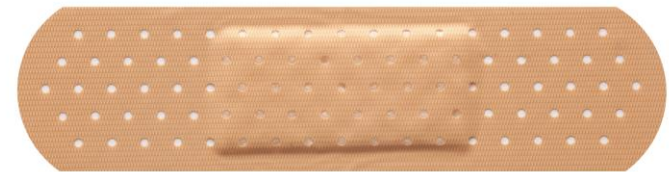
MANAGING VICARIOUS TRAUMA/STRESS

Know what vicarious trauma is and how to recognize symptoms in yourself.

Pay attention to your body and mind. What are the signs that you are beginning to struggle with a client or a client's story?

Avoid avoidance. Shoving your feelings/symptoms away only works in the short term (and is necessary sometimes). Make sure to create space for yourself to revisit your reactions and to deal with them.

Plan ahead. Take control of your emotional health by setting aside time for yourself, even if it is a few minutes at a time.





TALK/DEBRIEF WITH OTHERS

When you have a particularly difficult interaction, debrief this process with the team you work with

Don't neglect this piece—it is so important. Sometimes staff won't feel the NEED to debrief immediately, but then do days later.

DEBRIEF TOPICS

Share “Headlines not details” with others to avoid spreading trauma

What Went Well?

How could we improve our response next time?

What impact has the incident had on you? Emotions, body tension, memories of past incidents? How are you taking care of yourself?



SUMMARY

You can help someone with psychosis!

Relationship is key, alongside empathic listening

Direct reflections can be powerful!

Don't challenge delusions or voices, Find something to agree on!

Seek consultation and support for challenging or crisis situations

THANK YOU

