HOMELESS & HOUSING RESOURCE CENTER

Introduction to Psychotic Disorders

May 10, 2023

SAMHSA
Substance Abuse and Mental Health Services Administration

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Today's Presenters

- **Alia Warner, PhD, ABPP, ABSMIP**, Licensed Psychologist, University of Texas Health Science Center – Harris County Psychiatric Center
- **Amy Cuellar, PhD, ABSMIP**, Licensed Psychologist, Michael E. DeBakey VA Medical Center – PRRC
- **Brandi Karnes, MD**, Attending Psychiatrist, University of Texas Health Science Center – Harris County Psychiatric Center
- **Missy Boyd, MHPS**, Certified Peer Specialist, Andrews Center

OBJECTIVES

01 WHAT IS PSYCHOSIS?

02 STIGMA AND THE MISCONCEPTION OF VIOLENT BEHAVIOR

03 SUPPORT STRATEGIES AND DE-ESCALATION

04 BEST PRACTICES: WORKING WITH SYMPTOMS

ESSENTIAL BACKGROUND INFORMATION

WHAT IS PSYCHOSIS?

Schizophrenia Spectrum Disorders (SSD)

Main diagnostic group associated with psychosis
3.48% lifetime prevalence of mental illness with *psychosis*
5-17% general population experience psychotic experiences
"Schizophrenia" vs "schizophrenia spectrum disorders" vs "psychosis"

Associations and Cause

- Schizophrenia spectrum
- Mood disorders

Stress-vulnerability model

- Substance induced or withdrawal
- Delirium/medical illness

Impact

- Social
- Morbidity
- Mortality

- Education
- Vocation
- Independence

Perälä et al., 2007; Staines et al., 2022; Zubin & Spring, 1977

SYMPTOMS OF PSYCHOSIS AND TREATMENT

Hallucinations

Abnormal perceptions in any sensory modality

Delusions

Strongly held beliefs

Disorganization

Thought process and/or behavior

Negative Symptoms

Difficulty thinking, doing, and emoting
Limited speech/thought content
Anhedonia/apathy/withdrawal

Treatment

- Medication
- CBT-based therapy
- Supported employment/education/housing
- Family services
- Skills training

American Psychiatric Association (APA), 2020; 2022

RECOVERY – TREATMENT WORKS

At 10-year Follow-up

Total recovery at 10 years follow-up
or for 1+ years = 44%

Recovered but not working = 35%
Sustained remission = 64%

Shorter duration of untreated psychosis
Less time unemployed during first 3 years
Recovery-oriented services

Austin et al., 2013; Chan et al., 2019

TRAUMA AND VICTIMIZATION

1

Violence and Stigma

Focus on violence is often overstated

Contributes to stigma and negative outcomes

2

Higher Risk of Victimization

Particularly those that are unhoused, unemployed, have a history of abuse

3

High Rates of Trauma among SSD

Higher vulnerability to trauma

Contributes to risk for psychosis

4

Mental Health Field Can Contribute

Need to use trauma-informed care

Dallel, Cancel & Fakra, 2018; de Vries et al., 2019 ; Vrbova et al., 2018

TRANSLATING KNOWLEDGE TO PRACTICE

ESSENTIAL INGREDIENT: EMPATHY

CULTIVATING EMPATHY

Empathy vs sympathy

To express empathy, we need to cultivate it first

A FEW STRATEGIES:

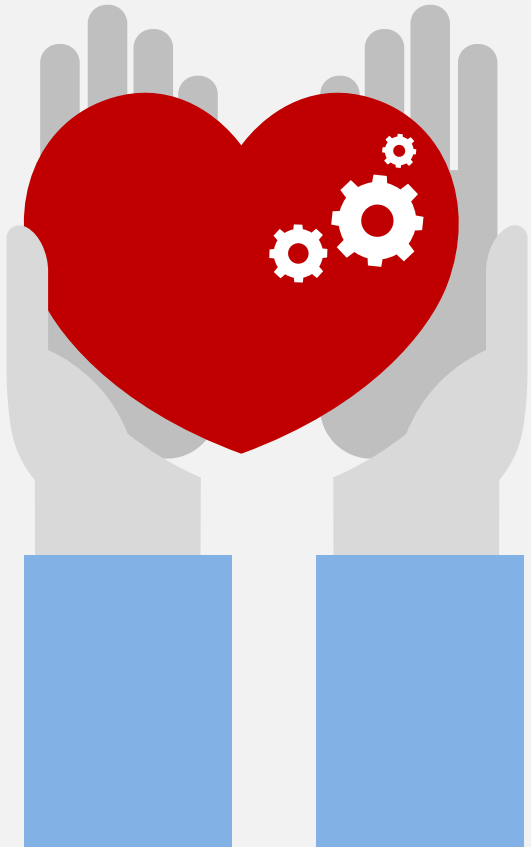
- Imagine if a delusion was true, how would you feel?
- Imagine experiencing stigma and social rejection.
- If voices wouldn't leave you alone, how difficult would it be for you to complete everyday tasks?
- Assume environmental causes vs internal characteristics

ESSENTIAL INGREDIENT: EMPATHY

EXPRESSING EMPATHY

Ways to express empathy effectively:

- Active listening
- Ask questions
- Provide reassurance and guidance – ask how you can help
- Behave empathically
- Reflections and validation (we will get to this)



DE-ESCALATION OVERVIEW

1. Prevention
2. Warning Signs
3. Non-verbal De-escalation
4. Verbal De-escalation
5. Specific Clinical Techniques
6. The Aftermath: Fostering Resiliency in Ourselves

DE-ESCALATION STRATEGIES

Prevention

- Collaborative decision-making
- Manage the physical environment
- Manage the social environment
- Avoid arguing and ignoring

Maintain Awareness – Warning Signs

Nonverbal Signs	Verbal Signs
Wringing/clenching fists	Pressured/loud speech
Pacing	Hostile comments
Restlessness; posture shifting	Using profanity
Clenching jaw	Muttering
Changes in breathing and posture	Using sarcasm
Staring	
Crying	
Finger drumming	

NON-VERBAL DE-ESCALATION

FACTORS THAT CONTRIBUTE TO OUTCOME

Content = 7-10%

Non-verbals = 88-99%

*93% of outcome is in the delivery

01 | Non-threatening Behavior

Limit excessive hand gesturing
Mirror body language

02 | Respect Space

2-3 arm lengths away
Avoid touching patient

03 | Effective Self-talk

"I can handle this"
"I know what to do"

04 | Appear Open and Relaxed

Sit at slight angle (avoid fight mode)
Look empathic

05 | Ignore Challenging Questions

Ignore the challenge, not the person

THREE STATEMENTS THAT INCREASE YOUR RISK

Over 50% of aggressive incidents in hospital settings are caused by specific types of staff/patient interactions (Quanbeck et al., 2007):

LIMIT SETTING

Stopping a Patient From Doing Something

Telling them to: “calm down,” “stop saying that,” “you can’t do that”

ACTIVITY DEMANDS

Telling Person to do Something They Don’t Want to Do

Telling them to: “go over there,” “sit down,” “lower your voice”

UNNESSESSARY “NO”

Denying Persons Appropriate Requests

Telling them, “no, you may not talk with them;” “you can’t do that,” “no, you have to wait until another day.”

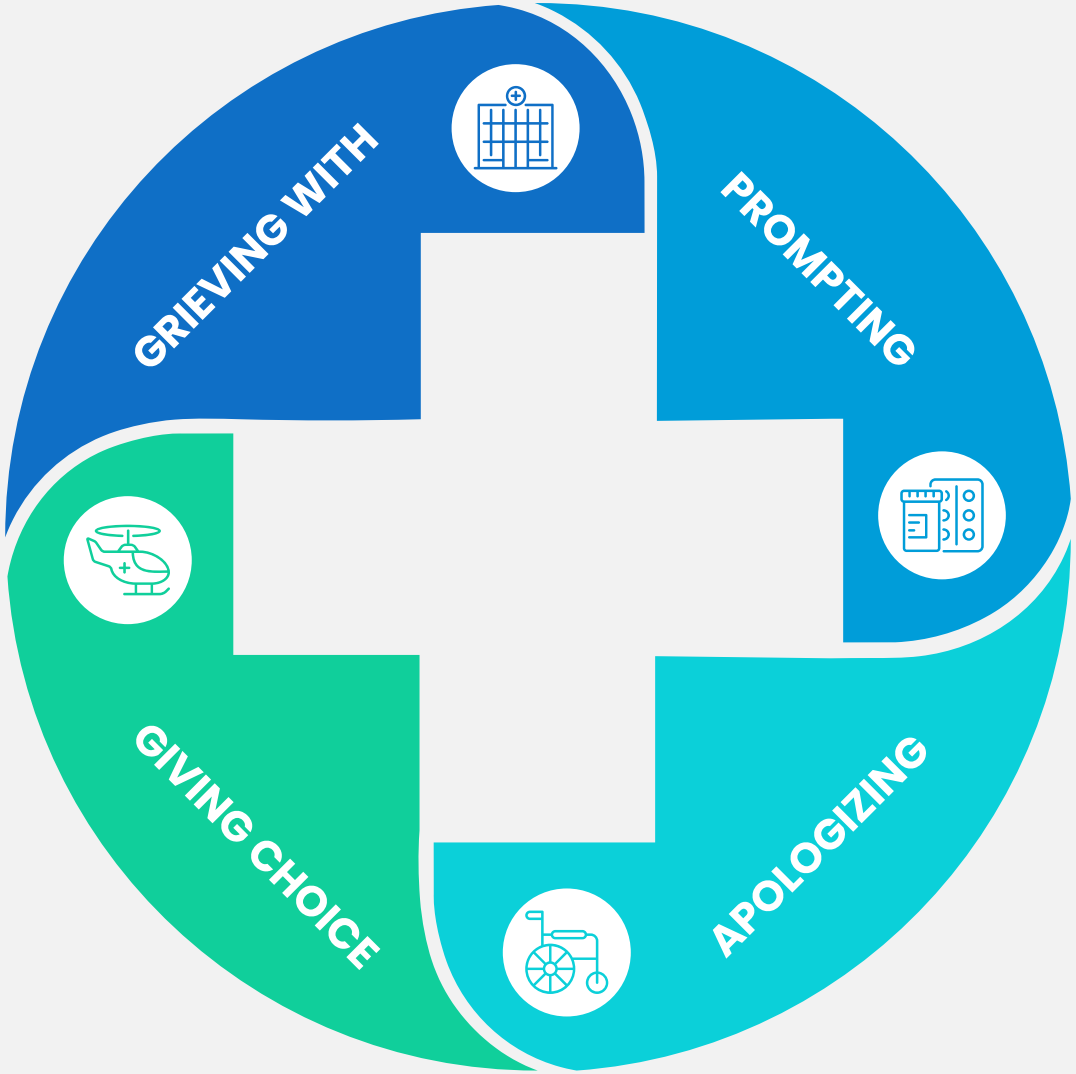
ALTERNATIVE STRATEGIES TO LIMIT SETTING

GRIEVING WITH THE PERSON

I wish I could AND I cannot

FORCED CHOICE LIMITS

- Would you like to sit here or there while you wait?
- Would you like me to tell your Doctor or would you prefer to tell them yourself?



PROMPTING

"If you lower your voice, then I can understand better how to help"

"If you practice breathing for a few minutes, then I can go check on…"

APOLOGIZE, IF APPROPRIATE

May not be causing anger but can express concern

Person feels heard and calms anger

VALIDATION

WHAT IS VALIDATION

Communication to a person that their responses make sense and are understandable within their context or situation

WHY VALIDATE

Facilitates regulation of patient emotions (and yours)

HOW TO VALIDATE

Validate the valid

Use validating statements and reflections (we will discuss this next)

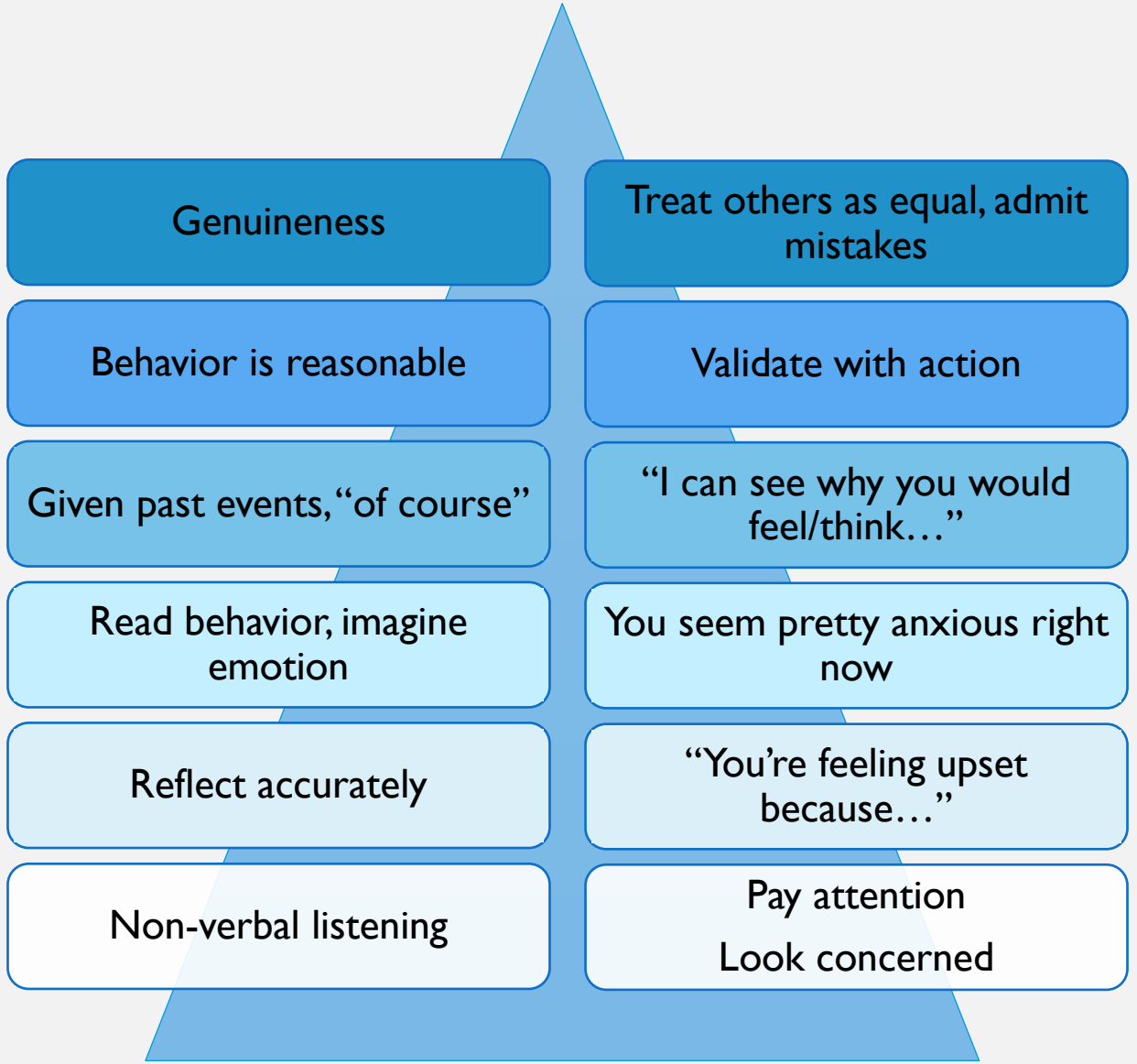
Act in validating ways

AND not BUT

WHAT ABOUT PSYCHOSIS?

Same techniques apply

Validate the *emotion*, not the delusion or reason for maladaptive behavior



Linehan, 2014 (pg 298 – 302)

REFLECTIONS

REFLECTIONS

Repeat or rephrase what they tell you
Emphasize emotion if possible

Person: "Everything is wrong!"
Provider: "Nothing is going right for you"
Provider (a step further): "You're feeling *overwhelmed* and don't know where to start"

Person: "These voices won't leave me alone!"
Provider: "You are feeling *frustrated*."

Person: [disorganized statements in apparent distress]
Provider: "[theme] seems important right now."
"You are pretty *stressed* right now, let's try…"

DELUSIONAL STATEMENTS

Use STEP: Summarize, Test you are accurate, Empathize, Proceed

Person: Beatrice is using mind control to make me go crazy.

Provider, after asking how she came to this conclusion:

1. Summarize: "So after you talked to Beatrice it seemed like she was calling you stupid when you walked away and you heard a voice telling you she is messing with you."
2. Test you are accurate: "Is that about right?"
3. Empathize: That sounds upsetting, especially since you trust her.
4. Proceed: Can we try something to help you feel less upset?

RESILIENCY

Take care of yourself!

ABC PLEASE

- A: Accumulate positive emotions
- B: Build mastery
- C: Cope ahead

- PL: Treat Physical ILlness
- E: Balance Eating
- A: Avoid mood-altering substances
- S: Maintain good Sleep
- E: Get Exercise

ADDITIONAL STRATEGIES

- Relaxation strategies
- Distraction techniques
  - Positive memories
- Education and normalization
  - Patient and family
- Socialization
- Focus on aspirations and strengths

Simple and Effective Skills

- Look, Point, Name
  - Look around the room and tell me every object you see
  - Now tell me all the colors you can see
- Grounding
  - Tell me everything you see
  - Tell me everything you hear
  - What do you smell?
  - Can you taste anything?
  - Tell me everything you can feel

TREATMENT RESOURCES

FOR CRISIS

For service users:

- Suicide/Mental Health Crisis hotline: 9-8-8
- LGBTQ+ National Hotline: 1-888-843-4564

For professionals:

- Inpatient hospitalization
  - High risk for harming self or others
  - State laws vary

ADDITIONAL RESOURCES AND TRAINING

- SAMHSA www.samhsa.gov
- Mental Health America www.mhanational.org
- SMI Advisor http://smiadviser.org
- SMI Specialty Council psychtrainingsmi.com
- North America CBT for Psychosis Network www.nacbtp.org
- Beck Institute http://beckinstitute.org

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