

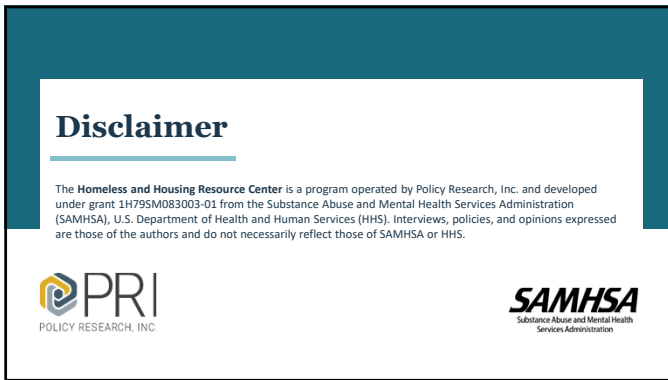
HOMELESS & HOUSING RESOURCE CENTER

Introduction to Psychotic Disorders

May 10, 2023

SAMHSA
Substance Abuse and Mental Health Services Administration

1



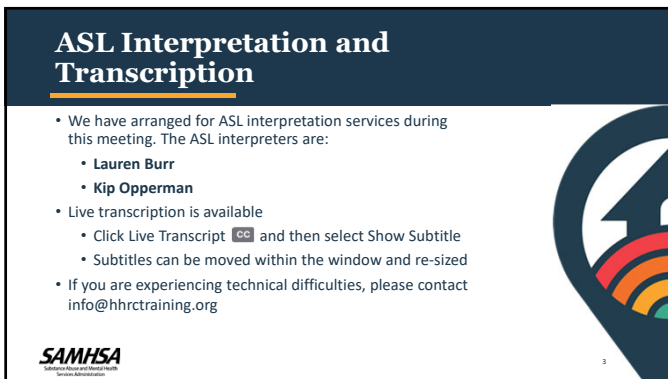
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2




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3

3




Webinar Instructions

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- **Slides:** Available now on HHRC website: <https://hhrctraining.org/events-webinars>
- **Recording:** Will be available on the HHRC website within 1 week
- **Evaluation:** Link will be shared at the end and browser should redirect you
- **Certificate of Participation** (no CEUs are offered): Provided after the evaluation is completed



4



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



5

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

6

ESSENTIAL BACKGROUND INFORMATION

7

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

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

8

SYMPTOMS OF PSYCHOSIS AND TREATMENT



Hallucinations
Abnormal perceptions in any sensory modality

Delusions
Strongly held beliefs

Disorganization
Thought process and/or behavior

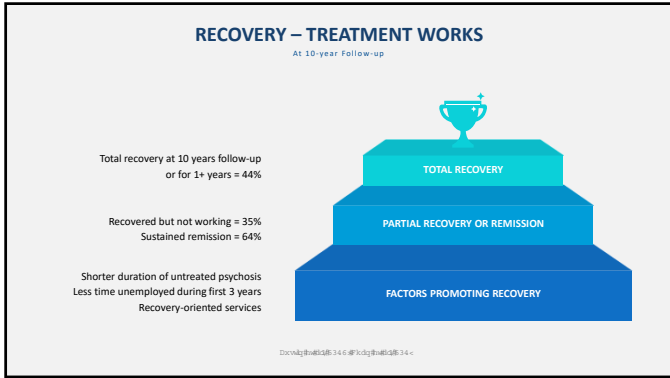
Negative Symptoms
Difficulty thinking, doing, and emoting
Limited speech/thought content
Anhedonia/apathy/withdrawal

Treatment

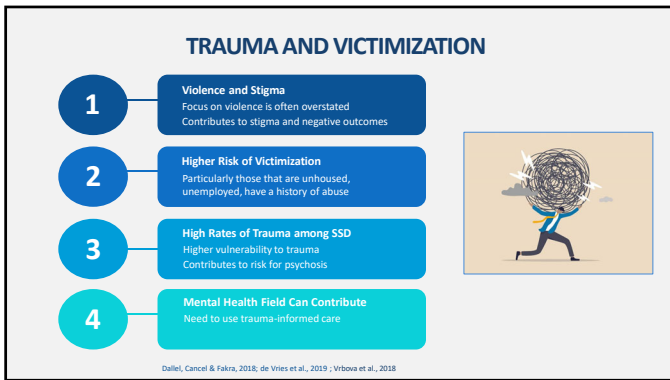
- Medication
- CBT-based therapy
- Supported employment/education/housing
- Family services
- Skills training

American Psychiatric Association (APA), 2020, 2022

9



10



11

TRANSLATING KNOWLEDGE TO PRACTICE

12

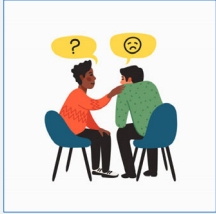
ESSENTIAL INGREDIENT: EMPATHY

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



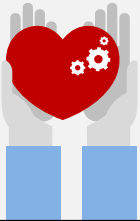
13

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)



14

DE-ESCALATION OVERVIEW

4 #Suyhqwärc
5 #Z duqijj#7jqr
6 #Q rç0yhuedç hñvfdäwärc
7 #huedç hñvfdäwärc
8 #shfllf#çqjfd#hfkqjlxhv
9 #khdñhup dwk-#rwwhujj#ñvñhçf|#ç#
R xuhçyhv



15

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

16

NON-VERBAL DE-ESCALATION

FACTORS THAT CONTRIBUTE TO OUTCOME

Content = 7-10% *93% of outcome is in the delivery

Non-verbals = 88-99%

01	Non-threatening Behavior		<ul style="list-style-type: none"> Limit excessive hand gesturing Mirror body language
02	Respect Space		<ul style="list-style-type: none"> 2-3 arm lengths away Avoid touching patient
03	Effective Self-talk		<ul style="list-style-type: none"> "I can handle this" "I know what to do"
04	Appear Open and Relaxed		<ul style="list-style-type: none"> Sit at slight angle (avoid fight mode) Look empathic
05	Ignore Challenging Questions		<ul style="list-style-type: none"> Ignore the challenge, not the person

17

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

ACTIVITY DEMANDS

UNNECESSARY "NO"

Stopping a Patient From Doing Something
Telling them to: "calm down," "stop saying that," "you can't do that"

Telling Person to do Something They Don't Want to Do
Telling them to: "go over there," "sit down," "lower your voice"

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."

18

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

19

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

Genuineness	Treat others as equal, admit mistakes
Behavior is reasonable	Validate with action
Given past events, "of course"	"I can see why you would feel/think..."
Read behavior, imagine emotion	You seem pretty anxious right now
Reflect accurately	"You're feeling upset because..."
Non-verbal listening	Pay attention Look concerned

Linehan, 2014 (pg 298 – 302)

20

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?

21


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



22

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

23

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.nacbt.org
- Beck Institute <http://beckinstitute.org>

24
