

PSYCHOSIS

First Aid Guidelines for Loved Ones

People experiencing psychosis may exhibit some of the described warning signs, however, the signs and/or symptoms of psychosis may vary from person to person and can change over time. You should also consider the spiritual and cultural context of the persons behaviors, as what is considered to be 'normal' in one culture may be interpreted as a symptom of psychosis in another culture.

HOW DO I KNOW IF THIS IS PSYCHOSIS?

It is important to learn about the early warning signs of psychosis so that you can recognize when someone may be developing psychosis. Although these signs may not be very dramatic on their own, when you consider them together, they may suggest that something is not quite right. It is important not to ignore or dismiss such warning signs, even if they appear gradually and are unclear. Do not assume that the person is just going through a phase or misusing alcohol or other drugs, or that symptoms will go away on their own.

HOW SHOULD I APPROACH SOMEONE?

People developing a psychotic disorder will often not reach out for help. Someone who is experiencing profound and frightening changes such as psychotic symptoms will often try to keep them a secret. If you are concerned about someone, approach the person in a caring and non judgmental manner to discuss your concerns. The person you are trying to help might not trust you or might be afraid of being perceived as "different", and therefore may not be open with you. If possible, you should approach the person privately about their experiences in a place that is free of distractions.

Try to tailor your approach and interaction to the way the person is behaving (e.g. if the person is suspicious and is avoiding eye contact, be sensitive to this and give them the space they need). Do not touch the person without their permission. You should state the specific behaviors you are concerned about and should not speculate about the person's diagnosis. It is important to allow the person to talk about their experiences and beliefs if they want to. As far as possible, let the person set the pace and style of the interaction. You should recognize that they may be frightened by their thoughts and feelings. Ask the person about what will help them to feel safe and in control. Reassure them that you are there to help and support them, and that you want to keep them safe. If possible, offer the person choices of how you can help them so that they are in control. Convey a message of hope by assuring them that help is available and things can get better.

If the person is unwilling to talk with you, do not try to force them to talk about their experiences. Rather, let them know that you will be available if they would like to talk in the future.

WARNING SIGNS

Changes in emotion and motivation:

▶ Depression; anxiety; irritability; blunted; flat or inappropriate emotion; change in appetite; reduced energy and motivation

Changes in thinking and perception:

▶ Difficulties with concentration or attention; sense of alteration of self, other or outside world (e.g. feeling that self or others have changed or are acting differently in some way); odd ideas; unusual perceptual experiences (e.g. a reduction or greater intensity of smell, sound, or color).

Changes in behavior:

▶ Sleep disturbance; social isolation or withdrawal; reduced ability to carry out work or social roles

SUPPORT

Treat the person with respect. Empathize with how the person feels about their beliefs and experiences, without stating judgments about the content of those beliefs and experiences.

Avoid confronting the person and do not criticize or blame them. Understand the symptoms for what they are and try not to take them personally. Do not use sarcasm and avoid using patronizing statements.

It is important that you are honest when interacting with the person.

COMMUNICATION

People experiencing symptoms of psychosis are often unable to think clearly. Respond to disorganized speech by communicating in an uncomplicated and succinct manner, and repeat things if necessary. Be patient and allow plenty of time for the person to process the information and respond. If the person is showing a limited range of feelings, you should be aware that it does not mean that the person is not feeling anything. Likewise, you should not assume the person cannot understand what you are saying, even if their response is limited.

ENCOURAGEMENT

Ask the person if they have felt this way before and if so, what they have done in the past that has been helpful. Try to find out what type of assistance they believe will help them. Also, determine whether the person has a supportive social network, if so, encourage them to utilize these supports.

If the person decides to seek professional help, make sure they are supported both emotionally and practically in accessing services.

WHAT IF THE PERSON DOESN'T WANT HELP?

The person may refuse to seek help even if they realize they are unwell. Their confusion and fear about what is happening to them may lead them to deny that anything is wrong. In this case, encourage them to talk to someone they trust. It is also possible that a person may refuse to seek help because they lack insight that they are unwell. They might actively resist your attempts to encourage them to seek help.

It is important to recognize that unless a person with psychosis meets the criteria for involuntary committal procedures, they cannot be forced into treatment. If they are not at risk of harming themselves or others, you should remain patient, as people experiencing psychosis often need time to develop insight regarding their illness. Do not threaten the person with hospitalization. Instead remain friendly and open to the possibility that they may want your help in the future.

WHAT TO DO...

In a crisis situation, try to remain as calm as possible. Evaluate the situation by assessing the risks involved. It is important to assess whether the person is at risk of suicide (please see the warning signs at <http://www.suicidepreventionlifeline.org/GetHelp/SuicideWarningSigns.aspx>). If the person has an advance directive or relapse prevention plan, follow those instructions. Try to find out if the person

has anyone s/he trusts and try to enlist their help. Try to also assess whether it is safe for the person to be alone and, if not, should ensure someone stays with them.

It is important to communicate to the person in a clear and concise manner and use short, simple sentences. Speak quietly in a nonthreatening tone of voice at a moderate pace. If the person asks you questions, answer them calmly. You should comply with requests unless they are unsafe or unreasonable. This gives the person the opportunity to feel somewhat in control.

Be aware that the person might act upon a delusion or hallucination. Remember that your primary task is to de-escalate

the situation and therefore you should not do anything to further agitate the person. Try to maintain safety and protect the person, yourself, and others around you from harm. Make sure that you have access to an exit.

Realize that you may not be able to de-escalate the situation and if this is the case, be prepared to call for assistance. If the person is at risk of harming themselves or others, make sure they are evaluated by a medical or mental health professional immediately. If crisis staff arrive, you should convey specific, concise observations about the severity of the person's behavior and symptoms to the crisis staff. Explain to the person you are helping who any unfamiliar people are, that they are there to help and how they are going to help. However, if your concerns about the person are dismissed by the services you contact, you should preserve in trying to seek support.

Take any threats or warnings seriously. If you are frightened, seek outside help immediately. Never put yourself at risk. Similarly, if the person's aggression escalates out of control at any time, you should remove yourself from the situation and call 211 or 911 for help. When contacting the appropriate mental health service, outline any symptoms and immediate concerns.

If the situation becomes unsafe, it may be necessary to involve the police. To assist the police in their response, tell them that you suspect the person is experiencing a psychotic episode and that you need their help to obtain medical treatment. Tell the police whether or not the person is armed.

These guidelines were adapted with permission from ORYGEN research center. They are a general set of recommendations about how you can help someone who may be experiencing psychosis. Each individual is unique and it's important to tailor your support to the individual.

AGGRESSION

People with psychosis are not usually aggressive and are at a much higher risk of harming themselves than others. However, certain symptoms of psychosis (e.g. delusions or hallucinations) can cause people to become aggressive. You should know how to de-escalate the situation if the person you are trying to help become aggressive.

DE-ESCALATION

- ▶ Do not respond in a hostile, disciplinary, or challenging manner to the person;
- ▶ Do not threaten them as this may increase fear or prompt aggressive behavior;
- ▶ Avoid raising your voice or talking too fast;
- ▶ Stay calm and avoid nervous behavior (e.g. shuffling your feet, fidgeting, making abrupt movements);
- ▶ Do not restrict the person's movement (e.g. if he or she wants to pace up and down the room);
- ▶ Remain aware that the person's symptoms or fear causing their aggression might be exacerbated if you take certain steps (e.g. involve the police).

The PREP Program is an academic-community partnership between The University of California, Family Service Agency (FSASF) of San Francisco, and The Mental Health Association of San Francisco (MHASF).

Our goal is to provide comprehensive, evidence-based services to people suffering from signs and symptoms of serious mental illness.

