Perelman School of Medicine
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HeadsUp

Psychosis Symptoms: Coping and Communication Strategies for Family Members

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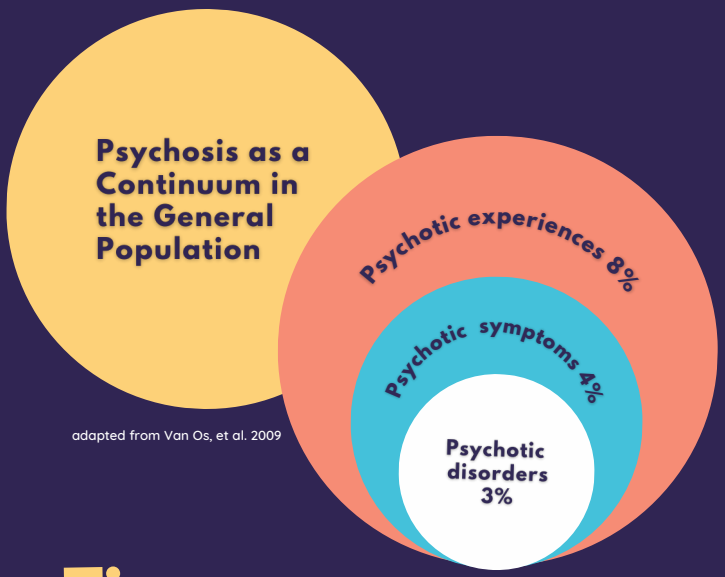
Coping and Communication Strategies for Family Members

When someone has symptoms of psychosis, it can be confusing and distressing for family and friends. Developing strategies for coping with behaviors that can be associated with psychosis symptoms can help.

Reminders

FOR YOU:

- 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, you cannot be expected to simply know what is helpful/what to avoid



adapted from Van Os, et al. 2009

FOR YOUR FAMILY MEMBER:

- Encourage and support treatment
- Be collaborative with your family member and treatment team
- Discuss strategies or skills your family member is learning and ways you can support or participate
- Understand it can be a long road to recovery, allow time and space for recuperation, acknowledge and appreciate small steps and milestones

Tips:

- 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 into your own hands; collaborate with the person's treatment team
- Manage the stress of coping with your relative's 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 - you are not alone

Psychosis Symptoms Overview

"Positive" Symptoms

Delusions
fixed beliefs that are not amenable to change despite conflicting evidence

Hallucinations
sensory perception in the absence of a corresponding external or somatic stimulus, may occur with or without insight into their hallucinatory nature; for example, hearing or seeing things that others don't hear or see

Disorganized Speech
derailment or incoherence of speech, such as loose associations or rapidly shifting between topics with no known connection between the topics

Disorganized Behavior
odd, bizarre, or agitated behavior such as smiling, laughing, or talking to oneself, being preoccupied or responding to internal stimuli, can include seemingly purposeless behavior or movements

"Negative" Symptoms

Affective Flattening
a restricted range, loss, or lack of emotional expressiveness, now referred to as "diminished emotional expression"

Anhedonia
markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day

Avolition
lack of motivation or ability to do tasks or activities that have an end goal

Alogia
talking very little or talking in a way that doesn't convey much information because speech is vague or repetitive

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Delusions

fixed beliefs that are not amenable to change despite conflicting evidence

HELPFUL

- Remember that to the person experiencing delusions, they 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 ("I can see it is very scary to believe...")
- Communicate the desire 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 the person know you understand, but believe there is no threat
- Exploring the evidence for a particular belief is not the same as challenging it - encourage your family member to consider the evidence for the belief by asking questions and being non-judgmental - provide alternative explanations sympathetically and carefully
- Take steps to de-escalate
- 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
- Calling the person "crazy" – which can lead to anger and hurt
- Arguing with your family member about the delusions
- Agreeing with the beliefs (or pretending to agree) as this may reinforce them
- Challenging the delusions too directly which can backfire
- Doing/Saying things that you have observed to escalate the delusion
- Continuing a conversation that you feel is distressing, annoying or too confusing for you – it is okay to say, "I'll talk to you later"

Hallucinations

sensory perception in the absence of a corresponding external or somatic stimulus, may occur with or without insight into their hallucinatory nature; for example, hearing or seeing things that others don't hear or see

HELPFUL

- Stay calm
- Offer a distraction
- Involve the person in something interesting - offer something to look at, read, or listen to
- Engage in pleasant conversation
- Show understanding of the person's feelings about the hallucinations
- Ask about the experience if the person wants to talk about it
- Acknowledge the hallucinations are real to your family member
- Help your relative tell the difference between real and imaginary experiences

AVOID

- Blaming yourself or another family member
- Panicking or getting angry
- Trying to figure out what or whom your relative is talking about
- Laughing about the hallucinations or strange talk, or allowing other family members to make jokes/criticize
- Asking the person to try to force the voices to stop
- Minimizing the experience – remember it is real to your relative

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Avolition & Anhedonia

lack of motivation or ability to do tasks or activities that have an end goal; markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day

HELPFUL

- Remember these are symptoms, not willful disobedience or "laziness"
- Offer or suggest simple activities – experiment to find out what your relative will enjoy
- Aim for a regular daily routine so things are predictable
- As your family member starts to improve, give simple daily chores broken down into small steps – offer incentives/praise even if not done perfectly – the person 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 the person do too much or go out - can feel like too much pressure
- Overwhelming the person with too many suggestions or instructions at once – your relative's 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 your relative as "lazy"
- Expecting the person to do things that may provoke fear (for example, going out to a party) or be too confusing
- Arguing about tasks/chores/activities
- Reminding your relative how they used to be – may add to negative feelings about how things have changed

Social Withdrawal & Isolation

withdrawing from family and/or friends; avoiding contact with others, spending time alone

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 making an effort
- Ask what would be helpful – where would the person feel most comfortable
- Remember, your relative may require more sleep while recovering – later on, offer to help set up a schedule for sleep/wake
- Ask about shared goals – discuss ways you can support those goals
- Understand your relative may feel isolated because of stigma experienced in the past or stigma the person worries they will experience in the future

AVOID

- Taking it personally or blaming yourself
- Putting too much pressure on your family member
- Trying to coax the person out of a room
- Worrying or fussing too much over your relative
- Avoiding or isolating the person
- Inviting a lot of visitors home – it may be overwhelming
- Trying to force your relative to talk to people
- Expecting the person to stay ill or incapable of daily routine activities

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Affective Flattening

a restricted range, loss, or lack of emotional expressiveness, now referred to as "diminished emotional expression"

HELPFUL

- Be aware that this is a symptom
- Know that just because your family member isn't showing feelings, doesn't mean the feelings don't exist

AVOID

- Taking it personally
- Getting frustrated or hurt that the person isn't showing feelings

Problems with Thinking and Speech

derailment or incoherence of speech, such as loose associations or rapidly shifting between topics with no known connection between the topics

HELPFUL

- Try to be patient and listen to your relative
- If the person starts drifting off onto unrelated subjects, gently try to steer the conversation back
- Speak to the person in a clear and simple way
- If necessary, repeat things, talking slowly
- Allow plenty of time for the person to answer
- Give step-by-step instructions

AVOID

- Criticizing the person for the problems in thinking and speech
- Comparing the person's thinking "now" to the way it used to be

Odd or Embarrassing Behavior

odd, bizarre behavior such as smiling, laughing, or talking to oneself, being preoccupied or responding to internal stimuli, can include purposeless, ambivalent behavior or movements

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

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Aggression

hostile or violent behaviors

HELPFUL

- Remind yourself that anger/aggression may be directed against you because you are the closest person – it is not necessarily a personal attack
- Listen and try to work out why the person is angry/upset - if you can't, ask why
- Summarize what you think your relative means and ask if correct
- Develop a plan
- Give clear direction such as “stop, please” - if the person doesn’t stop, leave the room or house quickly
- Leave the person alone until the person has calmed down
- Take threats or warnings seriously
- Try to see what triggers aggression and try to avoid the behavior/situation (for example, certain topics of conversation)
- If all else fails, call 911 – explain that there is a mental health situation

AVOID

- Saying angry, critical things
- Arguing
- Getting angry yourself – use a calm voice and keep a 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

thinking about death or dying, wishing one were dead, thinking about taking one's life

HELPFUL

- Listen to your relative’s feelings but also point out help is available
- Show appreciation of your relative’s feelings and the fact that the person confided in you
- Contact team if suicidal ideation persists
- Encourage pleasant, low key activities
- Suggest the company of someone who accepts the person to minimize feelings of isolation
- 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

Substance Use

excessive use of any substance, such as alcohol, illegal/street drugs, or prescription medications, leading to negative physical, social, or emotional consequences

HELPFUL

- Know drugs and alcohol can make symptoms worse and trigger relapse
- Remind your relative that substances are harmful
- Acknowledge that your loved one may feel it unfair that they should not use substances though their peers might
- Help develop ways to avoid offers of alcohol/drugs
- Let your relative know it’s ok to let friends know substances are not helpful when recovering from psychosis
- Discuss alternate ways to cope with stressors
- Help the person navigate ways of being social or being with friends

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

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General Tips for Coping After Someone Is Connected With Services. (2022, January 15). Early Psychosis Intervention.
Retrieved January 28, 2022, from https://www.earlypsychosis.ca/general-tips-for-coping-after-someone-is-connected-with-services/

HeadsUp

HeadsUp is a collaborating organization whose mission is to help end the stigma around psychosis through education, advocacy, and support. We promote early intervention centered around personalized, accessible, and effective care for all people in Pennsylvania.

If you or someone you know is experiencing a mental health crisis or is considering suicide, help is available.

Reach out to the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or contact Crisis Text Line by texting PA to 741741.

Heads Up does not offer clinical services.

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