

Counseling Clients with Psychosis

By: Nimra Sana LMSW
988 Program Supervisor



Agenda

Understanding Psychosis and Associated
Disorders

Features of Psychosis

Counseling a client with Psychosis (1st and
3rd party)

Counseling clients with Psychosis that
refuse help

Treatment - Referrals

Final tips & takeaways

MENTAL

HEALTH



What is Psychosis

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- **Psychosis** is a mental health condition characterized by a loss of contact with reality, which can result in symptoms like **hallucinations, delusions, and disorganized thinking**
 - It is collection of symptoms that affect the mind. During an episode of psychosis, a person's thoughts and perceptions are disrupted. They may have difficulty recognizing what is real and what is not
 - EX: Seeing or hearing things that aren't there
 - Psychosis is not a condition – it is a symptom of Psychiatric disorders such as Schizophrenia, Bipolar Disorder, Substance Use and other Medical diseases such as Meningitis, Alzheimer's, Malaria, Stroke, HIV and etc.

Who develops Psychosis?

- Psychosis often begins in young adulthood when a person is in their late teens to mid-20s. However, people can experience a psychotic episode at younger and older ages and as a part of many disorders and illnesses.
 - *For instance, older adults with neurological disorders (Alzheimer's Disease/Parkinson's) may be at higher risk for psychosis*
- According to the NIH (National Institute of Mental Health) - Studies estimate that between 15 and 100 people out of 100,000 develop psychosis each year

Main features of Psychosis

- Psychosis is characterized by two main features – **Hallucinations** and **Delusions**
- Individuals experiencing Psychosis have little or no self awareness of their symptoms
- **Hallucinations**: when parts of the brain mistakenly act like they would if your senses (vision, hearing, touch, smell and taste) picked up on something
 - *Olfactory : smelling odors others cant*
 - *Visual: you see people or things that aren't there or shapes of certain things look wrong*
 - *Tactile: strange sensations or feelings you cant explain*
 - *Gustatory: you taste things when there's nothing in your mouth*
 - *Auditory: hearing voices that aren't actually there*
- **Delusions**: false beliefs that someone holds onto very strongly → even when others don't believe them or there's plenty of evidence that a belief isn't true.
- People with delusions of control believe someone is controlling their thoughts or actions remotely
 - *Small events or comments have huge meaning*
 - *They may believe they have special powers or are on a special mission or that they are actually God*
 - *Persecutory delusions: belief a person or group of people want to harm you*
 - *Grandiose delusions: belief you are all powerful or in a position of authority*
 - *Somatic delusions: When a person believes that they have something wrong with a part of their body or a part of their body is missing – they might report feeling strange things in their body*

Symptoms of Impending Psychosis

- When speaking to a client or educating a third party, you can discuss symptomatology and provide education on what to look out for/discuss with health care provider
- ***Changes in mood:*** A sudden onset of ***anxiety***, mood swings, ***depression***, or loss of emotions (flat affect)
- ***Cognitive changes:*** Difficulties with concentration or attention, feeling that self or others have changed or are acting differently and unusual perceptual experiences (perceiving a color too bright, strong smells, or unusual tastes)
- ***Appetite changes:*** A change in appetite, feeling weak, and reduced energy
- ***Changes in behavior:*** Social isolation or withdrawal, reduced ability to carry out work, and lack of motivation
- Trouble thinking clearly or concentrating
- Talking without pause/fast
- Suspiciousness or unease around others
- Lack of emotion or stronger emotions than situations call for
- Hearing, seeing or tasting things, that others don't



Associated Disorders

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- Although we do not diagnose – having information on associated disorders can be helpful
 - **Schizophrenia**: Characterized by two or more symptoms (either hallucinations, delusions, disorganized speech, or disorganized/catatonic behaviors) for more than a month and is more gradual
 - **Schizophreniform disorder**: A condition similar to schizophrenia lasting less than one month – rapid onset
 - **Schizoaffective disorder**: Involves schizophrenia and a mood disorder like depression
 - **Delusional disorder**: The presence of **one or more delusions lasting one month or more**
 - **Substance/medication-induced psychotic disorder**: symptoms of psychosis caused by the use of or withdrawal from substances, such as hallucinogens and crack cocaine, or some medications

How to counsel clients experiencing Psychosis and some educational points for third parties...

- It can be difficult to navigate conversations with clients experiencing psychosis as the client may be experiencing hallucinations, delusions, disorganized thinking and altered perceptions of reality
- Counseling someone who is experiencing psychosis requires careful, empathetic and a non-judgmental approach
- Anosognosia: a lack of awareness of one's own illness, is common in various psychiatric conditions, particularly those involving psychosis, such as **schizophrenia**, **bipolar disorder**, and other psychotic disorders.
- Examples:
- **Impaired Insight into the Illness**
 - **What Happens**: Anosognosia leads to a lack of awareness of the psychotic symptoms themselves, such as the delusions or hallucinations the individual may be experiencing.
 - For example, someone may believe that the voices they hear are real and that their paranoid thoughts are justified, without recognizing these experiences as part of their illness.
 - **Why It's Significant**: This impaired insight is one of the core characteristics of psychosis and can prevent the individual from accepting that they need help, leading to a lack of treatment compliance. Without recognizing that they have an illness, they may resist therapy, medications, or hospitalization that could alleviate their symptoms.

Anosognosia Examples cont. (1st and 3rd party)

Challenges to Treatment Compliance

- What Happens:** People with psychosis and anosognosia often refuse to take medications (e.g., antipsychotics) because they don't believe they are ill. This non-compliance can lead to the worsening of symptoms, relapse, or prolonged episodes of psychosis.
- Why It's Significant:** Medication adherence is essential in the treatment of psychotic disorders. Without medication, psychosis can persist or escalate, causing more severe impairment in functioning and quality of life. This non-compliance also increases the likelihood of rehospitalization or crisis situations.

Increased Risk of Harm

- What Happens:** Anosognosia in psychosis can increase the risk of self-harm or harm to others because the individual may not recognize that their behavior is a result of their illness or that their perceptions are not aligned with reality.
- Why It's Significant:** If someone with psychosis is unaware that their delusions are irrational or that their hallucinations are not real, they may engage in dangerous activities based on their false beliefs (e.g., attempting to confront imagined threats). This increases the risk of accidents, aggression, or suicide.

Counseling clients with Psychosis contd.


- Using active listening skills
- **Focusing on the person – not the delusion:** *Dismissing their experiences as “not real”*
- **Using supportive statements**
- **Validating, normalizing their experiences and feelings and acknowledge how they feel**
- **Being patient and calm**
- **Do not challenge thinking or beliefs -** *Don't argue about their perceptions or try to convince them that their delusions aren't real. This can increase distress*
- **Be clear and concise –** *people with psychosis might have difficulty processing complex information so it helps to speak in short, clear sentences*



Counseling clients with Psychosis contd.

- **If the person is experiencing hallucinations or disorientation, try using grounding techniques.**
 - *For example, you can gently ask them to describe the physical environment around them, which can help them reconnect with reality.*
- **Linking them to resources/referrals to have basic needs met as well as more coordinated treatment to ensure safety and compliance**
 - *Accept it if they don't want to talk to you and be available when they do*
 - *Be mindful that the person themselves might be fearful of what they're experiencing*

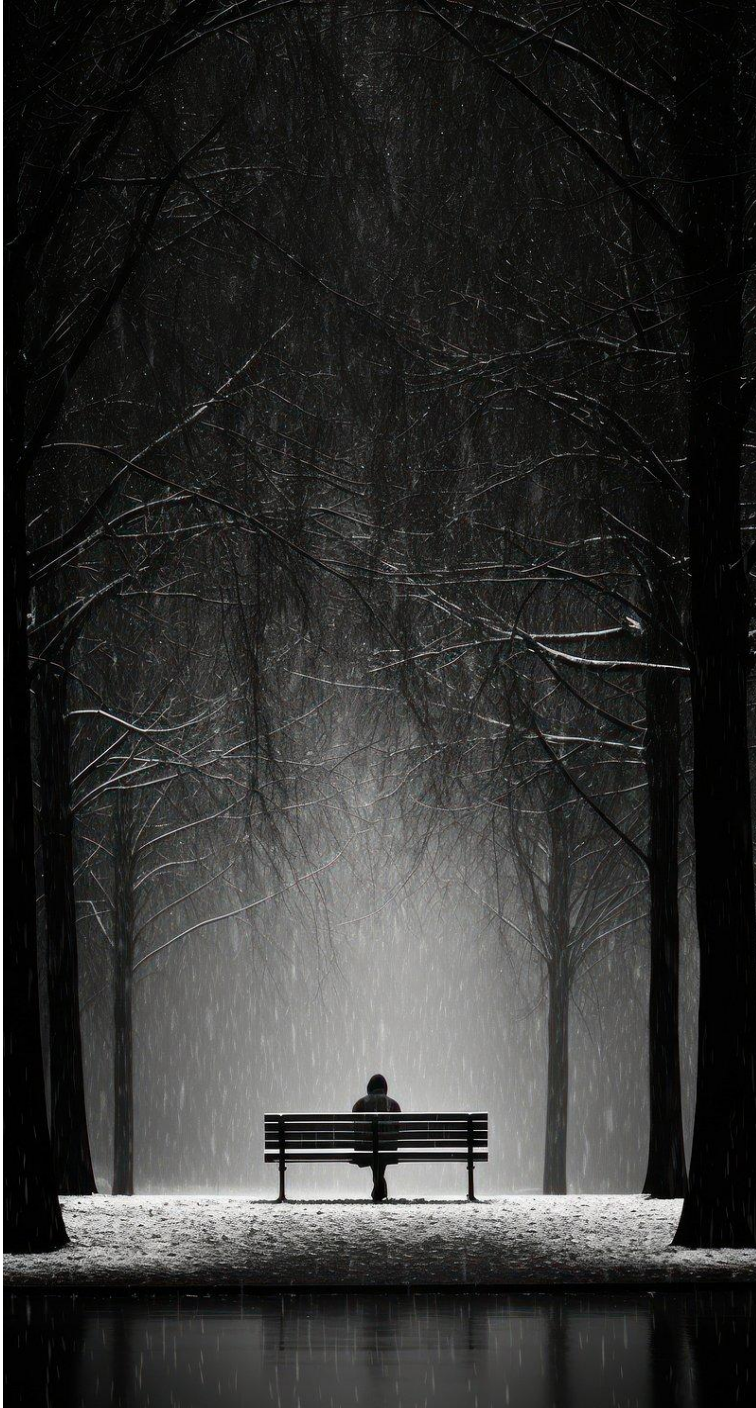
Encourage them to seek long term assistance: *Encourage them to speak with a mental health professional, such as a psychiatrist or therapist. They may need medical intervention (e.g., medication) to manage their symptoms.*



Referrals and Treatment

Treatment Approaches and Strategies

- What Happens:** In the presence of anosognosia, treatment must often involve more than just medication. Other strategies, such as psychoeducation, family therapy, and assertive community treatment (ACT), may be needed to engage the individual in care. These approaches emphasize a collaborative approach and can help family members manage their own stress while also supporting the individual.
- Why It's Significant:** Understanding anosognosia is crucial for healthcare providers so that they can tailor their approach, recognizing that confrontation may not be effective. Therapies may need to focus on gently helping the individual build insight into their condition over time, potentially incorporating motivational interviewing techniques.



Referrals and Treatment cont.

- Recovery oriented therapy
- Med management – *“Central Nassau Guidance and Counseling”*
- Individual and family education and support
- Case management/ care coordinator – *“New Horizon Counseling Center”*
- Linking them to therapists for CBT/CBTP – *“Charlie Health”*
- Hospitalization:
 - *In some cases, hospitalization may be necessary to ensure safety, stabilize symptoms, and provide intensive treatment. Hospitalization can provide a controlled environment for individuals experiencing severe psychosis, allowing for medication adjustments, close monitoring, and immediate intervention in case of a crisis.*
 - A referral could be *“Brunswick Hospital Center”*



How to counsel someone who refuses help

If you find that the situation is out of hand, call 911, a family physician, or emergency services.

In very serious episodes, the doctor may advise an **involuntary commitment to a hospital** with psychiatric facilities. A petition for involuntary admission can be filed by a family and/law enforcement official as well if a client/loved one displays **suicidal** tendencies, refuses intake of food or water, tries to injure others or self, and refuses to seek care.

- The person must be evaluated by a mental health professional who determines that they meet the criteria for involuntary treatment (e.g., danger to self, others, or inability to care for themselves due to mental illness).
- A court hearing may be required to determine whether the individual should remain in a psychiatric facility, and the person has the right to challenge the admission.

Danger to Self or Others: If the individual is a threat to their own safety or the safety of others, involuntary commitment is more likely. For example, if the person is experiencing severe psychosis, suicidal thoughts, or violent behavior, they can be involuntarily committed to a psychiatric hospital for stabilization.

How to counsel someone who refuses help cont....

Assisted Outpatient Treatment (AOT) (Kendra's Law)

Kendra's Law, also known as the **Assisted Outpatient Treatment (AOT) program**, is a New York State law that allows for court-ordered treatment for individuals with severe mental illness who have a history of not complying with treatment or who are at risk of harming themselves or others.

Eligibility: A person can be ordered to receive treatment through AOT if they have a history of noncompliance with mental health treatment and have had multiple psychiatric hospitalizations or have been convicted of violent acts related to their mental illness.

Court-Ordered Treatment: A court can order an individual to follow a treatment plan, which may include medication, therapy, and regular check-ins with mental health professionals. This treatment occurs while the person lives in the community but under certain conditions (e.g., regular appointments with mental health providers).

Failure to Comply: If the individual fails to comply with the court-ordered treatment plan, they can be subject to inpatient treatment or other interventions.

The Right to Refuse Treatment

In New York, people have the constitutional right to refuse medical treatment, including mental health treatment, unless they are found to be unable to make an informed decision due to their mental illness.

Informed Consent: If a person has the mental capacity to make informed decisions, they can refuse mental health treatment. The person must understand the nature of their condition, the proposed treatment, and the consequences of refusing it.

Court-Ordered Medication: If the individual refuses treatment and a court determines that they are unable to make an informed decision due to their mental health condition, the court may order them to receive treatment, including medication.

Final tips & takeaways

- Just as it is important to be patient with clients, it is equally important to be patient with yourself!
- If you feel stuck, fall back on your MESFEOCA skills
- It can be frustrating to feel you've hit a wall, and when that happens, support and validate feelings
- We are a hotline, not an outpatient or an inpatient so we will counsel to support and empower our clients, not to create treatment plans
- Reach out to a Supervisor if you need help and to debrief
- Try to keep the call focused as much as you can and re-direct
- Be confident in yourself



Thank you

Nimra Sana LMSW

nsana@longislandcrisiscenter.org