WORKING WITH PEOPLE WITH VOICES AND DELUSIONS

AN INTRODUCTION

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What is the best definition of psychosis?

1) a symptom of schizophrenia
2) hearing voices that are not there
3) having delusions or false beliefs
4) a symptom where you lose touch with reality
WHAT IS PSYCHOSIS? WHAT CAUSES IT?

Psychosis vs. Schizophrenia

Psychosis: An episode where one is detached from reality
A symptom of sleep deprivation, substance use, mental illness, and other conditions

Signs of psychosis include:
- Hallucinations
- Delusions
- Agitation
- Disorganized thought and behavior

Schizophrenia: A mental illness that impacts thought processes, emotions, and behavior
To be diagnosed, one must experience at least two of the following symptoms for six months, including one of the first three:
- Delusions
- Hallucinations
- Disorganized speech
- Catatonic behavior
- Negative symptoms (lessened emotional expression)
Schizophrenia develops later in life, most commonly late teens to early 20’s.

Almost half of people with schizophrenia spectrum disorders do NOT take medications.

It is often a symptom of schizophrenia that the person DOES NOT know/believe they are sick. (Anosognosia).
<table>
<thead>
<tr>
<th>Trauma, especially severe trauma, can trigger psychosis-like symptoms</th>
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<tr>
<td>Paranoia, extreme fear, and experiencing voices can all be a result of trauma triggering</td>
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<td>Current Substance abuse can exacerbate psychosis in individuals</td>
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<td>Historical Substance abuse can also create psychosis symptoms, especially paranoia, even if they are sober now</td>
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<tr>
<td>They may not have schizophrenia or have displayed any psychotic behaviors before</td>
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YOU DON’T HAVE TO KNOW WHY

- Regardless of what has caused the psychosis, voices, or delusions, you can respond in the same way.
- (and meds can be effective too!)
WHAT ARE VOICES? HOW DO YOU KNOW IF SOMEONE IS EXPERIENCING VOICES?

- They may appear distracted when talking to you
- They may need a long time to respond to your questions
- They may respond when you haven’t said anything
- They may laugh for seemingly no reason
HOW DO YOU TALK TO SOMEONE ABOUT VOICES?

• Above all, respectful and non-judgemental approaches are the most important

• Be curious and open minded—”You seemed distracted just then. Did you hear something in your head? Was someone talking to you?”

• Consider normalizing the experience—”A lot of people hear voices in their head and don’t know where they come from. About 10% of EVERYONE hears voices at some point in their lives. But it can be a scary experience.”

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POLL

• If you encourage conversation about a delusion, you will increase the person’s belief in it, making it harder to change it.
• 1. True
• 2. False
QUICK NOTE: SPEAKING ABOUT PSYCHOSIS OR DELUSIONS WILL NOT INCREASE A CLIENT’S BELIEF IN THEM

It is important to be direct when speaking about delusions/voices/psychosis.

Speaking about these things does NOT reinforce their belief.

Clients will shut down if they perceive you do not believe them.

Direct and empathic reflection is best.

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WHAT IS A DELUSION?

STRONGLY held false beliefs despite evidence to contrary

They can be bizarre (aliens have implanted a chip in my head) or not bizarre (I think my partner is cheating on me)
HOW DO YOU TALK TO SOMEONE ABOUT PSYCHOSIS IF THEY DON’T THINK THEY HAVE PSYCHOSIS?

• LEAP method, developed by Xavier Amador

• Brother had schizophrenia, tried to convince him to get help and take meds without success

• Learn LEAP Online – LEAP Institute start min 13

• Listen
• Empathise
• Agree
• Partner
Listen

- “Listen with only one goal: to understand the other person’s point of view and reflect your understanding back to him”
- Effective listening involves sitting back and listening to the frustrations, fears, hopes and dreams of the person you care for, and repeating back your understanding of what has been said. You can use effective listening to stop yourself offering your opinion or advice.

Empathise

- “If you want someone to seriously consider your point of view, be certain he feels you have seriously considered his”
- To empathise with another is to identify with their feelings, thoughts and attitudes. To convey your empathy to the person you care for you can acknowledge:
  - that their delusional beliefs may be frightening
  - their desire to prove they are not sick
  - their wish to avoid treatment
Agree

“When you’re facing someone who rigidly holds irrational beliefs, you gain nothing by disagreeing”

It is important to reach an agreement. To do this:

- discuss only problems or symptoms perceived by the person you work with
- review advantages and disadvantages of treatment
- reflect back and highlight the perceived benefits
- if need be, agree to disagree on some things
AGREE CONT.

• Highlight areas in which the 2 of you agree
  For example: “I agree that...
  ...
  ...avoiding hospitalizations is a top goal.”
  ...
  ...the side effects are a big negative.”
  ...
  ...a job would be great thing for you.”
  ...
  ...it would be nice if people stopped pushing you to take medications.”

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• “When you share the same goals, you can work together instead of being at odds”

• You can partner by moving towards goals you both agree can be worked on together. You can also partner by agreeing on goals that challenge the person you care for to step outside their comfort zone but are still within their ability to achieve
• How do you make psychosis and client’s understanding of their illness safe to talk about?
• First, stop arguing with them about what’s “real”
• Apologize if you’ve done this before
• “I want to hear more about why you hate the medicine and I promise I won’t do anything but listen and try to get a better understanding of your view on this. I promise not to give my opinion.”
A NOTE ON THE QUESTION: DO YOU THINK I’M CRAZY?

“\textit{I promise I will answer your question,} but if it’s okay with you, I want to wait and listen to you some more first, okay?”

“I will tell you, but I would rather keep listening to your views on this because I am learning a lot about you I didn’t know. Can I tell you later what I think?”

“You know, your opinion is the most important opinion in this room, not mine. So I would like to learn more before I tell you what I think, if that’s alright with you?”

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What are the disadvantages and advantages, if any, to taking medication?

Do you believe you have a mental illness?

What frustrates you the most?

Is there anything that often frightens you or makes you nervous?

What are your plans for the near future?

What are the 3 things you want most right now?
POLL

- What is the most important part of CBT for Psychosis?
- 1. Helping people change their delusionary beliefs
- 2. Helping people challenge voices/ignore voices
- 3. Helping people feel better about their psychosis symptoms
- 4. Helping people understand why medications for psychosis are helpful
- 5. All of the above
WHAT IS CBT FOR PSYCHOSIS?

Cognitive behavioral therapy:

Changing beliefs can help change behavior and emotional experiences

Tons of research support CBT as treatment for a range of disorders, including psychosis

It is related to other approaches you may have tried, such as reality testing, problem-solving, etc
STRUCTURE OF CBTP

• Curious questioning: gathering info about voices, delusions, etc
• Normalizing: provide context that many others experience psychosis
• Telling the story: what keeps distress in place, what are beliefs that create distress around the psychotic symptoms? When/how did symptoms begin? (Vicious cycle)
• Possible alternative explanations, collaborative investigations: are there other ways to think about and understand the psychotic experiences?
RELATIONSHIP IS KEY, BE CURIOUS!

• Throughout your relationship, be curious about their psychotic symptoms!

• Ask questions: What do the voices say? When are they the worst? How long has the FBI been following you? Do you know who the voices are? What, if anything, do voices tell you to do? How do you feel about your voices? When did this start?

• Our goal is to REDUCE DISTRESS not necessarily rid them of voices/delusions or make them see “whats real”.
CURIOUS QUESTIONING: ONE OF THE HARDEST THINGS TO DO IS STAY OPEN AND NON-JUDGEMENTAL ABOUT EXPERIENCES THE CLIENT BELIEVES TO BE REAL THAT YOU DON’T BELIEVE TO BE REAL

- Ask questions
- LISTEN
- Don’t challenge or agree with psychosis
- Don’t assume anything!
- Explore all possibilities
- There can be more than one right answer
Consider psychosis to be a possible metaphor for real events or traumas or feelings the client has had (kernel of truth)

- Ask your client questions about when voices/delusions started, events that may have triggered them
- This will also help you see emotional themes (guilt, shame, fear, loss) that remain present in delusions/voices (J. S. example)

- **Delusions/voices are not just random!!! This is why thought/talk interventions can be effective!**
- Even if there are random elements to psychosis, changing their thinking **ABOUT** the voices/delusions can reduce distress
You can validate the emotional content of a delusion without agreeing with it

Client: The FBI wont leave me alone, they sent guys to mug me yesterday.

CM: That sounds really scary. Are you ok? How can we help you feel more safe?
NEXT STEPS: NORMALIZING THE EXPERIENCE

Normalize
Why Normalize? Reduce fear and arousal, inspire hope, great tool for engagement

Suggest
Ways to normalize: suggest famous voice hearers, discuss personal experience, share stories from others, discuss how stress can trigger psychosis (grieving example, lack of sleep example, AOD use example)
VIDEO EXAMPLE OF NORMALIZATION AND CURIOUS QUESTIONING

Dr Turkington

https://vimeo.com/19416404
DISCUSSION:

Why is speaking about her first experiences with voices helpful in this case?

How did he encourage her to speak with him about this topic? How did he express a non-judgemental attitude?

How did Dr Turkington normalize her voices?
TELLING THE STORY OF VOICES/DELUSIONS

- Telling the whole story helps us understand:
  - what caused the “problems” and
  - what maintains the problems

- Telling the story provides hope the problem can be overcome
- A direction for your work with clients
Being hurt in the past, betrayed by friends. Want to make sure it doesn’t happen again. Get very attentive to possible clues betrayal could be happening, “paranoia makes me safe.” Paranoia escalates. Friends see you as paranoid, turn against you, more betrayal. Try even harder to make sure betrayal doesn’t happen again. See betrayal as happening at times even when it likely isn’t. Accuse friends of betrayal.
WHAT ARE WE LOOKING FOR?

• Where to intervene!
• Where are the clients’ efforts to feel better inadvertently making things worse? (avoidance, self medication, suspiciousness, avoiding meds)
• If nothing changes, the problem just intensifies
• Without insight into how the cycle continues, everyone feels helpless for things to change
NEXT STEPS: CAN THEY CONSIDER AN ALTERNATIVE EXPLANATION FOR THEIR EXPERIENCE

The goal in considering alternative explanations is to give the distressing belief about their experience less power

Ideally you “get your foot in the door” and help them simply consider an alternative might be possible
INTRODUCE POSSIBLE ALTERNATIVE EXPLANATIONS: GOOD FOR VOICES OR DELUSIONS

- Is it possible the voices are just trying to protect you, but they’re getting things wrong?
- Is it possible the FBI are watching your neighbor?
- Is it possible ..... 
- Why else might that (voice, delusion) be happening?
- How would you feel if you learned the voices couldn’t hurt you?
- How would you feel if you found out the FBI isn’t following you?
SOMETHING TO TRY: CBT FOR DELUSIONS

Collaborative investigation: What is the evidence for and against beliefs? Be non-judgemental, stick to the facts as they are perceived by the client.

How does the belief make you feel? What if you didn’t believe this anymore?
Educate your client on how the brain makes connections automatically, sometimes between things that aren’t necessarily related in real life.

Remind your client that the brain sometimes takes shortcuts to save energy. Sometimes we think we see/hear/perceive something that isn’t there.
BASIC STEPS FOR INVESTIGATING DELUSIONS

Elicit
- Elicit the evidence for the beliefs. Write out the evidence.

Ask
- Ask clt to come up with alternative explanations for evidence. You can suggest some too.

Summarize
- Summarize. Discuss feelings around if the belief weren’t true.
NEXT STEPS

• After eliciting evidence, ask what alternative explanations there could be for these pieces of evidence.

• If client cannot come up with alternatives, you can suggest possibilities (“Perhaps that guy was having a bad day and that’s why he ignored you.”) or “What is the likelihood that this happened?”

• The Main goal is to help clt FEEL LESS DISTRESS. It is less important about them believing “whats real”.

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How do you feel now after examining the evidence?

Could you try this by yourself next time you are feeling upset, being followed, etc?
EXAMINING EVIDENCE FOR BELIEF EXAMPLE

• Turkington 2

• https://vimeo.com/19417845
DISCUSSION

What questions did Dr Turkington ask to help the client consider alternative explanations?

What collaborative investigation did he suggest?

How did Dr Turkington avoid having the client feel he didn’t believe him?
REMEMBER, IT IS THE REACTION/INTERPRETATION OF THE DELUSIONARY THOUGHT THAT CAUSES DISTRESS

Our hope is to help clients not hold so tightly to delusionary beliefs that cause them distress.

We can help clients connect how they attach meaning to a delusionary thought and how they feel.

Then we can help them consider other thoughts/interpretations: They CAN have more control over their thoughts!

Thought: “That nurse is putting poison in my meds” Feeling: scared, helpless

Alternative thought: “Maybe the meds are ok” Feeling: calm, supported

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IF THERE IS TIME, VIDEO ON ALTERNATIVE VIEWS ON VOICES

• https://www.youtube.com/watch?v=VRql4lxuXAw