

Tips for Family Members in Preventing and Coping with Crises

Psychosis is a no-fault brain disorder, which interferes directly with people's ability to perceive and process information.

Communication:

1. In psychosis, the person may see things, perceive and interpret information in a way that doesn't make sense to you. *Don't argue.* It will only make the person confused and frustrated. Be loving and empathetic with their feelings. *Don't agree with delusional beliefs.* It's ok to tell the person you don't perceive things the same way and leave it at that.
2. *Prioritize* what matters and use simple, concrete sentences. Focus on what you can agree on. *Avoid abstractions.*
3. *Allow the person longer than normal* to respond. Unless the person is experiencing mania, they will probably take longer than normal to process information.
4. *Don't push* the person into doing things you would normally expect them to be doing- let most things slide until the psychosis begins to clear. For example, work, school, chores and ordinary social interactions may all become impossible for a person who is experiencing active psychosis.
5. *Set simple, clear limits.*
 - Do not, ever, under any circumstances, accept violence in your household.
 - Make a few simple rules designed to ensure safety and harmony in the household.
 - When the person is calm and doing well, ask for their input about the rules. Be clear what you will do if the rules are broken. For example, if a person assaults another person, call the police. Examples of rules include no physical violence (hitting, breaking things, etc.), no weapons in the house, etc. Make your rules based on the person's behavior and your greatest concerns.

Types of crises:

There are several types of situations which may create a crisis with psychosis:

1. *Victimization.* Other people may victimize a person who is more vulnerable due to psychosis, especially if they live alone.
2. *Impulsive behavior.* A person who is manic, impulsive or “on a mission” may behave in a way which puts them in danger.
 - With mania, promiscuity and lack of normal boundaries may become an issue. This can become a particular concern because the consequences of even a small inappropriate act can create a lasting criminal record.
3. *Dangerous behavior.* People experiencing psychosis are generally NO MORE VIOLENT than anyone else. In fact, they are more likely to be a victim. However, because psychosis means the person is no longer able to judge what is real and what is not, people may not understand their own limits, may not be able to distinguish what is safe or not, and may begin to think they are able to do things they cannot do. For example, people with psychosis have been known to:
 - a. Drive the wrong way down a street or walk in traffic
 - b. Consume poisonous fluid thinking it wouldn't hurt them
 - c. Jump off of high locations such as roofs
 - d. Take off on their own without identification or proper clothing
 - e. Feel the need to protect themselves if they believe someone is trying to harm them or their loved ones
4. *Lack of self care.* People with psychosis may stop taking care of themselves. For example, they may stop eating because they think there's something wrong with their food or because they are afraid to leave their protected space. They may fail to take care of medical conditions.
5. *Suicide.* People experiencing psychosis are at a higher risk of suicide. Don't be afraid to ask the person about whether they are thinking of killing themselves. If they say yes, ask them if they have a plan for how to do it. If they have any kind of plan, they are at particularly high risk. Don't take a risk. Call for an evaluation immediately. Be sure to report:
 - a. Any reference to death or dying, in verbal or written expression, a strong focus on an individual who committed suicide, or on musical lyrics emphasizing death
 - b. Any statements that “life is not worth living”
 - c. Impulsive and potentially dangerous behavior
6. *Family trouble with coping.* Acute psychosis can be scary, overwhelming and traumatizing for everybody in the family. It is essential to seek help from professional supports, other family members and friends. Ask the professionals to help educate friends and families so they can be supportive.

What you can do:

1. *Hold onto hope.* You will get through this and things will get better.
2. *Take things one step at a time.* Keep it simple and break down what needs to be done next.
3. *Work closely with your team.* Communicate regularly with the counselor, doctor, and local crisis team. If your loved one refuses treatment, seek help for yourself and work with someone knowledgeable to problem solve and coach you.
4. *Document, document document.* Write down- what you observe, when, where and in what context, what behavior you are observing. Make note of what helps and what seems to make things worse. Take notes when you talk to the professionals. Make sure you're clear before you hang up about what the plan is and what to do next.
5. Pay attention and report what you are observing.
 - a. It is helpful to pay attention to the content of books, movies and music the person may develop a particular interest in. Sometimes this content will help you understand how they are currently perceiving reality.
 - b. Pay attention to the person's behavior and the content of what the person is telling you, and share the information with the counselor, doctor and crisis workers. In particular, be sure to report:
 - i. Any assaultive or otherwise violent behavior
 - ii. Any discussion about death, wanting to die or disappear
 - iii. Any paranoid beliefs and thoughts about other people
 - iv. In particular, if the person is expressing a belief or fear that a particular individual is trying to hurt them, this is a risk factor
6. Maintain a safe and comforting physical environment.
 - a. Give the person plenty of space. They may not be able to tolerate the stimulation of normal day-to-day life right now. Let them retreat.
 - b. Remove all access to weapons, potentially poisonous materials, and car keys.
 - c. Remove all access to alcohol and non-prescribed mood-altering drugs.
 - d. Continue normal routines and include the person to the degree they are able.

7. Pay attention to how you communicate.
 - a. Avoid strong displays of emotion, both positive and negative.
 - i. The goal is to approach the person in a positive, calm, consistent attitude, regardless of their emotional state.
8. Never, ever respond with violence. When you call for help you may find yourself charged with assault.
9. Make a *crisis plan*.
 - a. Know what you will do and who to call, especially on the weekends in the middle of the night.
 - b. Know what to watch for, including early and late warning signs (based on previous crises) and how you will respond. Most crises can be avoided or lessened by knowing and responding to early signs. Talk it through with the professionals to make sure they're on board with their part. For example, some responses to escalating behavior which may help:
 - i. Removing yourself from the situation
 - ii. Having simple, pre-defined rules for how you respond to the behavior, and following through in a consistent and predictable way
 - iii. Using a calm, positive but firm tone of voice.
 - iv. Teaching the person relaxation and other calming techniques when they are not in crisis
 - v. Encouraging the person to channel strong feelings and energy into safe activities they enjoy, such as exercise or writing
 - vi. Making sure the person gets medicine as prescribed by a doctor
 - vii. Bringing someone else into the environment to help assess the situation and work things through. This may be a counselor/crisis worker, or even a police officer.
10. Know who to call, and call them to problem solve.
 - a. Keep their phone numbers in multiple places so you don't lose them when you need them.