



For About and By Caregivers

Caregiver and Schizophrenia: How to Handle the Psychosis

Psychosis or psychotic episodes can be very difficult for caregivers to know how to handle in just the right way. These episodes can be frightening for everyone, especially the person experiencing them, triggering extreme stress and fear which can make their symptoms escalate. Psychosis is defined as a loss of contact with reality, unable to distinguish between what is real and what is imaginary, and includes delusions (false ideas about what is taking place or who one is) and hallucinations (seeing or hearing things which aren't there). Many times when someone is experiencing a psychosis, they may actually be unaware that anything is wrong. It's important for caregivers to know how to recognize the early-warning signs indicating that a psychosis is developing, and to know where or from whom to seek assistance.

Some of the early warning signs to look for include: anxiety, depression or irritability; suspicion, hostility or fearfulness; difficulty sleeping, or unusual waking hours; appetite changes; loss of energy, motivation and interest, or hyperactivity, or alternating between the two; concentration or memory problems; preoccupation with certain ideas (such as religion); social withdrawal - not wanting to spend time with friends and family members; thinking problems such as racing thoughts or slowed down thoughts; difficulty meeting responsibilities such as work or study; deterioration in self-care and personal hygiene; appearing perplexed; and personality becoming different in some way. None of these signs by themselves necessarily mean that a psychotic episode is about to happen, because some may be caused by a physical illness, or by the stress and strain of work or school, or problems with important relationships. However, if a loved one shows several of these signs without them going away fairly soon, or if they become more pronounced over time, then it would be a good idea for them to seek assistance from their mental healthcare specialist.

Knowing what to do for the symptoms of psychosis can be very difficult because you may not know what to say or do. This can be a very stressful and confusing time for everyone, so just know that there isn't really a "right" thing to say or a "correct" way to behave or react. There are some things that you can keep in mind that may be helpful. Try and understand what the person may be experiencing, like hallucinations or delusions, which will seem very real to them. Try not to take anything that they may say personally, keeping in mind that they aren't behaving and talking as they normally would. Avoid long debates in which you try to convince them that their delusions or hallucinations aren't real, because this will make them feel like they can't talk to you about what they're going through. Try to find things to



talk about that are neutral, instead of concentrating on their mistaken beliefs; this will most likely not upset them or get you frustrated. As tempting as it may be, don't go along with their delusions or hallucinations, just listen and sympathize with what the person is experiencing. You might want to say something like, although you're finding it difficult to understand what they are going through, you do realize that they must be very scared, frustrated, or angry. If it's at all possible, try and minimize the stress and stimulation around the home during these times. Also, when someone is experiencing or recovering from a psychosis, they can almost seem child-like, and may need your help in making decisions. Show your concern and care for the person by avoiding confrontations, and not criticizing or blaming them.

Another very important risk-factor to be aware of is that a person who is experiencing, or who has experienced, a psychotic episode has an increased potential for depression and suicidal thoughts. Any threats or gestures of self-harm must be taken very seriously. Seek medical and/or mental healthcare assistance immediately if you think that your loved one might harm themselves. Don't be afraid to talk to them about how they're feeling, asking them if they feel safe, or if they've been thinking about hurting themselves. To talk about suicide does not make it happen, but can, in fact, make it possible to take action in preventing it from happening. Another issue to this risk-factor is that of confidentiality. Often when dealing with someone who is mentally ill, you be placed in an ethical quandary on what to do when the person shares "secret" thoughts or information with you, especially regarding suicide or possible harm towards others. This can put a huge emotional strain on you, deciding between maintaining their confidence or looking after their best interest. Although everyone's experience is different, one thing that every caregiver must do is to make sure and pass along any information received suggesting that a person is at risk of harming themselves or somebody else, to a doctor or other healthcare professional, and get that person to a health professional as soon as possible. Even if a loved one seems to be angry or feels betrayed, you have a clear duty of care that overrides any suicidal or homicidal pacts or plans.

Just make sure that you don't make them any promises that can't be kept, but remain supportive, compassionate, and firm as to where actual confidentiality must end. Things that you might want to say when finding out about such plans include: "I would like to help you"; "I can't imagine what you're going through, but I am ready to listen"; "I care about you and I think it might be a good idea to talk things over with your doctor"; "I would like to help you, however, you need to tell me how I can best go about this"; "I can't keep your suicide plan to myself. I would like to arrange for us to go and see a doctor together". Be sure to not say things like: "You need to pull your self together and snap out of it"; "Let me tell you about my problems, which I'm sure will help you to forget about yours". These remarks aren't supportive, helpful, or compassionate, and may be dangerous.

With medication, therapy and time, your loved one may show signs of being able to handle more responsibility, once the psychotic episodes subside and no longer pose a constant threat. Talk to them about how they feel when it comes to doing more things, and a good place to begin is with self-care tasks like personal hygiene, getting dressed, and eating scheduled meals. Start assigning simple



household chores, and observe whether they want to work alone or with others. For example, they may like to clean the living room, but they may not like someone else dusting in there at the same time.

Try to encourage them gently, never forcefully, to be a part of social gatherings when appropriate. Keep gatherings small and intimate, with one or two relatives or friends over for dinner instead of an all-day affair with the entire clan, like a wedding or family picnic; this may cause frustration and stress, helping to set the stage for another episode. Always discuss your plans with them, and suggest going on an outing once a week, like a drive or a walk in the country; go somewhere peaceful and quite, not hectic and noisy like a city. If you want to take them out to eat, find a nice, small restaurant and go during the least busy part of the day. Don't ask too many questions, like, "What are you thinking about?" or "Why are you doing that?" Talk about outside events that aren't too emotional, perhaps discussing a movie or Television program, instead of world affairs and politics. Know too, that it may be difficult for them to talk about anything, but that they still enjoy your company. In this case, consider watching television, listening to music, playing cards, or even reading to them. Begin to encourage them to take some responsibility, such as leaving them instructions about starting dinner in case you're going to be late getting home that night. Help them learn how to deal with the stress of being out among society by suggesting that they accompany you to a washroom if they begin to feel panicky in a public place, until the feeling passes.

Remember that family caregivers are often times the only friends a loved one has, so try to be a friend as well, by inviting them to come with you when you do different things, but never force them to have to go. Last, but not least, always respect your loved one's concerns about their illness. If they ask you not to share the nature of their disease with other family members or friends, then don't, even if you feel you have a lot of experience that may help other caregivers going through the same thing. Respect, patience, compassion and gentleness will go a long way to help you both take control of the disease, and begin living life to its fullest again.

Through it all, your most important role is to encourage your loved one to stick with their treatment program. Treatment of this disease isn't just through medication alone, but will involve attending daily or regularly-scheduled medical appointments, and attending therapy or day programs as well. Remember that the time spent with mental health professionals on a week-to-week basis will be quite minimal when compared to the amount of time that your loved one will spend with you. This is why caregivers are usually in the best position to provide the everyday encouragement and support needed to help them stick with their treatment and help them on a successful road to rehabilitation.

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