

## **COURSE TITLE PAGE**

**Program:** Crisis Intervention Team (CIT) Training

**Block:** Schizophrenia Spectrum and Other Psychotic Disorders

**COURSE GOAL:**

To prepare the student to handle situations involving people with mental illness and in psychotic crisis to reduce unnecessary force and develop rapport.

**LEARNING OBJECTIVES:**

Upon completion of training the participant will be able to demonstrate the following measurable learning objectives:

1. Describe the key features that define the psychotic disorders.
2. Understand the difference between Hallucination and a Delusion
3. Describe **when, what, and how** to best communicate with psychotic individuals.
4. Understand non-verbal strategies that assist with effective communication and the development of rapport.

***Welcome (Slide 1)***

# Schizophrenia Spectrum and Other Psychotic Disorders

Crisis Intervention Training  
Albuquerque Police Department

- Welcome students and introduce yourself. You may want to include your name on this PowerPoint or write it on a whiteboard or flip chart.
- Provide a brief overview of the class and what to expect.

- Ask for cell phone and computers to be turned off.

### ***Key Features (Slides 2 & 3)***

## What is Psychosis?

- Psychosis describes conditions where there has been some **loss of contact with reality**
- During a period of psychosis, a person's thoughts and perceptions are disturbed and the **individual may have difficulty understanding what is real and what is not**

(National Institutes of Mental Health Retrieved July 2018,  
<https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-psychosis.shtml>)

## Key Features That Define the Psychotic Disorders

- Delusions
- Hallucinations
- Disorganized Thinking
- Disorganized, Abnormal, actions or movements

(Diagnostic and Statistical Manual of mental disorders 5; American Psychiatric Association)

- Psychosis can be the result of many underlying causes.
- Psychosis involves a loss of orientation to one or more aspects of reality

- Psychosis can be frightening and lead to erratic behavior.
- Ask class if they know the difference between delusions and hallucinations

#### Delusions (Slide 4)

## Delusions

- Delusions are fixed false beliefs that are not part of the person's culture and do not change even when presented with logical proof that they are false.

Examples:

- believing the neighbors have surveillance equipment in their apartment
- believing that others are trying to harm them
- believing that the television or radio stations have special messages for them, or are broadcasting their thoughts aloud

- Delusions are false beliefs that are held with conviction.

- Delusions are only delusions if they're not true: people could be trying to hurt someone
- Delusions do not go away even after providing the psychotic individual with logical or practical proof that the belief is false.
- Many individuals with psychosis have delusions that they are being persecuted, or that someone is trying to hurt them.
- Remind the class that delusional beliefs seem very real to the psychotic individual.
- It can be helpful to ascertain if the individual is frightened.

### *Hallucinations (Slide 5)*

## Hallucinations

- Hallucinations are things that a person hears, sees, smells or feels that no one else is experiencing.
  - Auditory hallucinations are the most common form of hallucination in schizophrenia. These are often voices that the person hears that you cannot hear.
  - The voices may talk about the person's behavior, command the person to do things or talk to each other.
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- Hallucinations are unusual sensory experiences that involve perceptions of things that aren't present.

- The most common type of hallucinations in persons with schizophrenia are auditory (hearing voices), followed by visual (seeing people or other images) hallucinations.
- All types of psychosis can result in hallucinations. The type of hallucination may provide clues as to the cause of the psychosis.

- **Empathy exercise**

Invite three volunteers from the class. Place two of them in chairs facing each other and ask one to interview the other (subject) on a specific topic. While this interview is taking place the instructor will read some text into the subject's right ear while the other volunteer keeps up a running commentary on the subject's behaviors into his/her left ear. Paper funnels can be fashioned for this purpose or two small megaphones could be purchased. Process how difficult it was for the subject to concentrate on the questions being asked.

### ***Disorganized Thinking (Slide 6)***

#### **Disorganized Thinking (Speech)**

- Unusual or garbled ways of thinking
- Speech that doesn't make sense
- Incoherence
- Highly irrelevant comments
- Nonsense words (word salad)
- Not to be confused with people who don't speak English fluently

- Review the points on the slide.
- Speech patterns and thought process can provide important information about a psychotic individual's level of dysfunction and give insight into their state of mind and potential fears or concerns.
- Ask the class: How can active listening contribute to ***citizen and officer safety*** when interacting and communicating with a psychotic individual?

Some Potential Answers to Encourage:

- Can help people stay calm
- Will allow gathering of more information
- Understanding person's motivation can help predict, to some degree, behaviors

### ***Example (Slide 7)***



- Include an audio or video clip of someone with psychosis speaking; discuss how this thinking can demonstrate symptoms of

psychosis: are they disorganized/not making sense? Are they paranoid or otherwise delusional?

## Negative Symptoms (Slide 8)

### Negative Symptoms

- Associated with Schizophrenia:  
Social withdrawal, Blunted emotions, Apathy (collectively known as "Negative Symptoms")

This is why many people with Schizophrenia often don't take good care of their health, have poor hygiene and spend much or all of their time alone.

This is part of the progression of the disease, but may make the person seem lazy or unwilling to help themselves. The person with schizophrenia may need help with everyday tasks.

Retrieved from: <http://www.nimh.gov/health/topics/schizophrenia/index.shtml>

- Loss of interest in goal directed behavior.
- Loss of interest in hygiene.
- Homelessness
- Lack of emotional connectedness to other people.
- Emphasize to the class that these are symptoms of the illness and NOT indicative that someone is too lazy to take care of themselves.

## Additional Associated Features (Slide 9)



## Additional Associated Features

- Inappropriate, bizarre behavior or facial expressions. (Disorganized behaviors)
- Thought blocking or difficulty speaking (Disorganized thinking)
- Fear related to delusional paranoia
- Hostility and aggression related to fear
  
- “It should be noted that the vast majority of persons with schizophrenia are not aggressive and are more frequently victimized than are individuals in the general population”

(5<sup>th</sup> ed., text rev.; Diagnostic and statistical manual of mental disorders; American Psychiatric Association, 2013:101)

- Strange facial expressions and behavior can include a blunted or flat affect, meaning the person has no emotions on their face, despite a serious situation.
- Thought blocking is the sudden ceasing of thoughts and speech, it can be directly related to ongoing auditory hallucinations.
- Frightened individuals are at risk for dangerous behavior, this is true for anyone.
- A reassuring approach must be used in context with situational awareness. **Officer safety** depends on the absence of weapons and other threats from the individual.

## Psychotic Disorder Due to Another Medical Condition (Slide 10)

## Psychotic Disorder Due to Another Medical Condition

- Medical conditions can look like psychiatric illness: Neurologic disease, head injury, cancer, hyperthyroid, medication side effects, and many others.
  - It can be very helpful to get information from the individual, a friend, or family member about medical problems.
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- Discuss in more detail specific medical conditions that can mimic psychiatric illness such as Diabetes, Medication toxicities, Delirium, etc.
  - Psychosis Due to another medical condition is a medical emergency and the individual should be seen in the Emergency Department immediately.
  - Play the videotape of the city council meeting at this point in order to provide a compelling example of the behavior and thoughts of an acutely psychotic individual.

## ***Psychosis Due to Substance ... (Slide 11)***

### Psychosis Due to Substance Use or Withdrawal

- Delirium from alcohol withdrawal can have psychotic symptoms such as seeing things and incoherence
- Intoxication with stimulants can cause psychosis that can be extremely difficult to distinguish from primary psychiatric disorder like schizophrenia

## ***Communicating (Slide 12)***

### Communicating

- Knowing **when** to communicate
  - Knowing **what** to communicate
  - Knowing **how** to communicate
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- Encourage the class to tailor their approaches to the way the person is behaving (e.g. if the person is suspicious and avoiding eye contact, reassure them that you want to keep them safe ...)
  - Adjust the when, what, and how based on the person's behaviors and reactions.

## ***Communicating – When? (slide 13)***

### Communicating – When?

- People experiencing psychosis may not ask for help
- If possible, gather as much collateral information about the person and situation before starting. Is this a longstanding psychosis with no history of violence, or a new onset?
- Calmly assess the person's non-verbal communication first
- Designate one person to talk to the individual
- Approach as non-threatening as possible and safe

- Emphasize the importance of a calm, respectful and confident demeanor.

### **Communicating – What? (Slide 14)**

#### **Communicating – What?**

- Inform the individual of your intent, especially your intent to keep everyone safe. Use the word “safety”
- Tell them your name
- Let them know if you plan to move, “I am going to walk onto the sidewalk”
- Avoid challenging and assume a reassuring approach
- Prefer listening over talking, it’s less about what you say, and more about what you hear.
- If possible, let them know you want to help

### ***Communicating – What? (slide 15)***

## Communication – What?

- Ask the person who is psychotic what specifically will help them to feel safe and in control
- Help the person to feel some sense of control by giving reasonable choices
- Offer hope

### How to Talk (Slide 16)

#### How to talk

- Use simple language (without condescension)
  - Whenever possible avoid moving into the person's personal comfort space, especially if the person appears paranoid
  - Demeanor is a powerful tool for a better outcome
  - Remain calm and confident, avoid rapid movements or rapid speech, maintain normal eye contact if this is tolerated by the individual.
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- Provide an example of how a message changes with a different inflection, pitch, volume and other non-verbal cues
  - Explain how a calm response to an agitated individual can convey the belief that the individual can be trusted not to become aggressive

- Emphasize that this is no longer pertinent in situations where the individual is already threatening and aggressive
- The goal is not to increase the threshold for violence, it is to initiate and conduct contact in such a way as to decrease the probability of violence

### ***Evaluation and Safety (slide 12)***

## Evaluation and Safety

- Ask:
  - What state is the person in? Have they taken their psychiatric medication?
  - Is the person afraid?
  - Does the person have a history of schizophrenia or other psychosis?
  - Are voices telling them what to do?

(Upton, L. Managing Agitated Psychotic Patients, EMSWorld.com, 2004:3

- These are often questions that when asked directly and with respect will be answered honestly and accurately.
- There is often great hesitancy to ask these questions, but individuals in psychiatric crisis often feel great relief when they feel that someone is trying to understand them.

## ***Evolution and Resource Connection (slide 18)***

### **Evaluation for Resource Connection**

- People become psychotic for a variety of reasons
  - Any ability to determine the cause of the psychosis will help to determine the resources needed
  - Acute intoxication or Alcohol withdrawal are often medical emergencies
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- Drug induced psychosis can be very difficult to distinguish from other forms of psychosis
  - Situational awareness and collateral information can be very valuable
  - Overdose on central nervous system depressants or stimulants can be life threatening
  - Stimulant overdose may include an acute psychotic episode.
  - People who suffer from Schizophrenia often do not like the medication side-effects and will attempt to self-medicate using street drugs.
  - You may represent the entry point for this person into the mental health system.

*Resources (slide 19)*

## Resources

- COAST
- UNMH Psychiatric Emergency Services- 272-2920
- UNMH Emergency Department
- Family
- Personal Psychiatrist
- Care-takers or Group Home staff



## References:

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<http://www.cdc.gov/mentalhealth/basics/burden.htm>

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