Communicating with people with a Psychotic Disorder

A resource prepared by the Intermediary Pilot Program

Background and overview

About schizophrenia spectrum and other psychotic disorders

Schizophrenia spectrum and other psychotic disorders are mental disorders in which a person is disconnected from reality. Psychosis is a group of related symptoms that affect how you think, feel, and behave. Experiencing the symptoms of a psychotic disorder leads to confusion and feelings of being misunderstood.

People with psychosis often have hallucinations which involve perceiving phenomena that seem very real (e.g. hearing a voice) that others do not perceive. Others may also have delusions, which are strongly held beliefs that are not true (i.e. being spied on or being famous).

Psychosis can be a short, one-off event with an obvious trigger, such as distressing or traumatic experiences or substance use. For other people, it can be a long-lasting challenge with no obvious trigger. One in 200 Australians will develop psychosis.[i] The first episode of psychosis usually occurs in a person's late teens or early twenties.

People with a schizophrenia spectrum or other psychotic disorder are usually able to distinguish between their hallucinations and reality. For example, they can follow a conversation and separate what is being discussed from their hallucinatory experiences.

Classification of schizophrenia spectrum and other psychotic disorders

The following are some of the more commonly seen diagnostic groupings for schizophrenia spectrum and other psychotic disorders: [ii,iii]

Schizophrenia	A serious mental illness in which people interpret reality abnormally. Symptoms may include hallucinations, delusions, disorganised speech, or behaviour and diminished emotional expression that significantly impair daily functioning.
Schizophreniform Disorder	With similar symptoms as Schizophrenia, but the symptoms are not present for the full six months required for a diagnosis of Schizophrenia.
Schizoaffective Disorder	Involves a combination of both schizophrenia symptoms (hallucinations and/or delusions) and mood disorder symptoms (such as depression or mania).
Delusional Disorder	People with this disorder cannot tell what is real from what is imagined. Delusions are the main symptom, but people may continue to socialise and function normally.
Substance/ Medication-Induced Psychotic Disorder	When the psychosis can be attributed to substance or medication use.

VICTORIA State Government | Justice and Community Safety

Common Issues

Someone suffering from a psychosis can experience a range of symptoms and difficulties such as: [iii]

- confused thinking: words and ideas may lose their meaning or take on meanings that make no sense
- disorganised speech, such as speaking very quickly or slowly, changing topics frequently, speaking in muddled-up sentences, using the wrong words to describe things and making up words
- disorganised behaviour, like dressing in an odd manner, engaging in unusual rituals (i.e. repetitive hand gestures), behaving recklessly or unusually
- difficulties with concentration, memory, decision making and planning
- difficulty keeping track of conversations
- preoccupation with a particular subject
- problems with motivation, and difficulties putting thoughts into action
- incongruous affect – laughing at inappropriate times or becoming upset without an identifiable cause
- mood swings, feeling unusually excited or depressed
- increased body activity
- feeling or showing less emotion
- difficulties recognising emotion in other people's faces (inferring the emotions and intent of others) [iv]
- feeling distanced or detached from one's body or thoughts, feeling strange and cut off from the world
- Increased sensitivity to light, noise and/or sensory inputs.

Case Example: Sophie

Sophie is a 42-year-old woman with a diagnosis of schizoaffective disorder and polysubstance use. She hears people speaking to her despite there being no one around and occasionally experiences visual hallucinations. Sophie takes medication that assists with managing her symptoms and uses strategies to reduce the impact of her auditory hallucinations (i.e. flicking a band on her wrist to ground her in the 'here and now').*

When she becomes anxious and stressed, her hallucinations become more constant and intrusive. As a result of her hallucinations, she can sometimes find it hard to concentrate, process information and respond. When she becomes overwhelmed, she may cease communicating and withdraw to a quiet place. Sophie has good insight and can distinguish between the auditory hallucinations and the topic of conversation with others. She is also able to identify her tendency to talk a lot and to go off topic during conversation. She gets particularly upset if she believes that the reliability of her communication is being doubted because of her mental health issues.

Strategies to assist Sophie to give her evidence include:

- *ensuring that Sophie gives evidence in a low stimulus environment with minimal external distractors*
- *identifying the time of day when Sophie's medication is most effective and planning for her to give her evidence at this time*
- *making sure that Sophie is familiar with the people who will be asking her questions*
- *using visual and verbal topic markers to assist Sophie to remain on topic, or bring her back to topic*
- *when asking Sophie questions that challenge her version of events, using a calm, neutral voice, open body language and looking directly at Sophie.*

*Name and details changed

General Strategies

The information below outlines general strategies that can be adopted by representatives of the court to enhance communication with people diagnosed with a psychotic disorder. These include:

- speak and act calmly. Be conscious of your nonverbal communication, such as your tone of voice, eye contact, posture, facial expression and physical distance between speakers
- be neutral, but not placating
- keep the content of communication simple and concrete and only cover one topic or direction at a time. Long, involved explanations or preamble are difficult to understand and process
- avoid giving too many choices at once
- provide plenty of time for the person to process the information and respond
- don't argue with or challenge the delusions or hallucinations. Accept that this is their reality
- give the person physical space and engage them in uncrowded and quiet surroundings (i.e. reduce external stimuli)
- be patient and prepared to repeat instructions and directions
- be pleasant but firm, ensuring there are clear boundaries communicated
- gently assist the person to remain on topic by assisting them to re-focus by checking that they recall the question
- consider the use of written and visual communication tools to aid verbal communication (for example, provide a visual prompt to assist them in indicating when they don't understand a question or when they require a break)
- do not presume that the person cannot understand what you are saying, even if their response is limited. Follow up with a simple, concrete question to elicit further details
- if the person is showing a limited range of emotions, it does not mean that the person is not feeling anything.

References

[i] Sane Australia. (2020). *Psychosis.* Retrieved from https://www.sane.org/information-stories/facts-and-guides/psychosis

[ii] Ritsner, M.S. (Ed.). (2011). *Handbook of schizophrenia spectrum disorders (Volume 1): Conceptual issues and neurobiological advances*. Retrieved from http://www.psychiatry.ru/siteconst/userfiles/file/englit/Michael%20S.%20Ritsner%20(Editor)%20-%20Handbook%20of%20Schizophrenia%20Spectrum%20Disorders,%20Volume%20I%20Conceptual%20Issues%20and%20Neurobiological%20Advances%201.pdf

[iii] Better Health Channel. (2020). *Psychosis and mental illness.* Retrieved from https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/psychosis

[iv] Barkl, S.J., Lah, S., Harris, A.W.F., & Williams, L.M. (2014). Facial emotion identification in early-onset and first-episode psychosis: A systematic review with meta-analysis. *Schizophrenia Research, 159*(1), 62-69. https://doi.org/10.1016/j.schres.2014.07.049

VICTORIA State Government | Justice and Community Safety