

Engaging with Psychosis: Strategies for Motivational Interviewing

New England MHTTC
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MHTTC

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of TTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2022

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

**STRENGTHS-BASED
AND HOPEFUL**

**INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES**

**HEALING-CENTERED AND
TRAUMA-RESPONSIVE**

**INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS**

**PERSON-FIRST AND
FREE OF LABELS**

**NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS**

**RESPECTFUL, CLEAR
AND UNDERSTANDABLE**

**CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS**

Engaging with Psychosis:

- Strategies from Motivational Interviewing
- Emily Kline & Jennifer Lancet
- Boston Medical Center



What is insight



Ability to accurately observe one's own mood/behavior over time



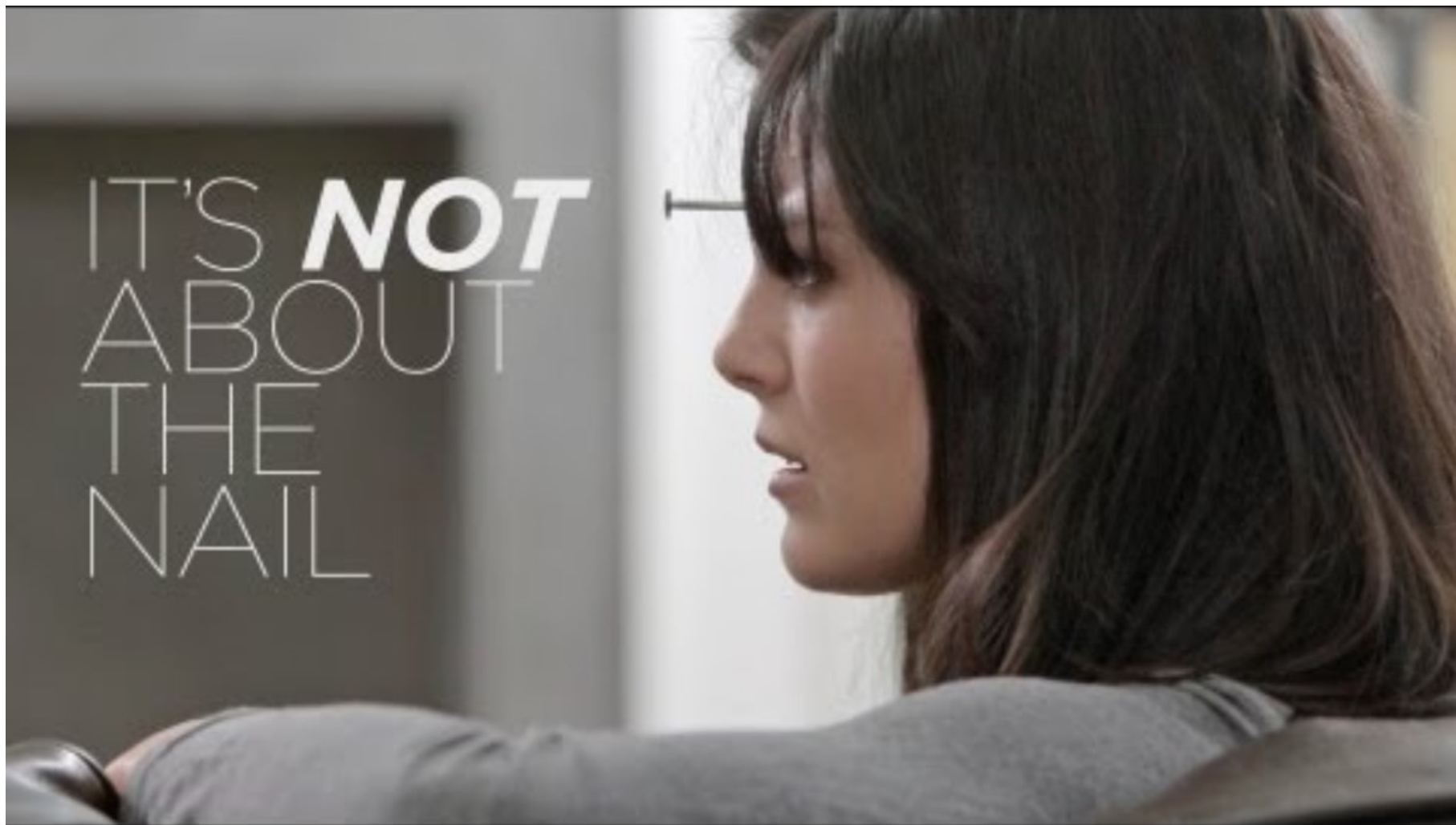
In psychosis:

Awareness that symptoms are occurring

Attribution of symptoms (e.g., hallucinations) to mental illness/mental phenomenon, rather than objective (shared) reality

Connection of fluctuations in symptoms to related factors, such as medication adherence, substance use, sleep, stress

IT'S **NOT**
ABOUT
THE
NAIL



Poll: Does she have insight

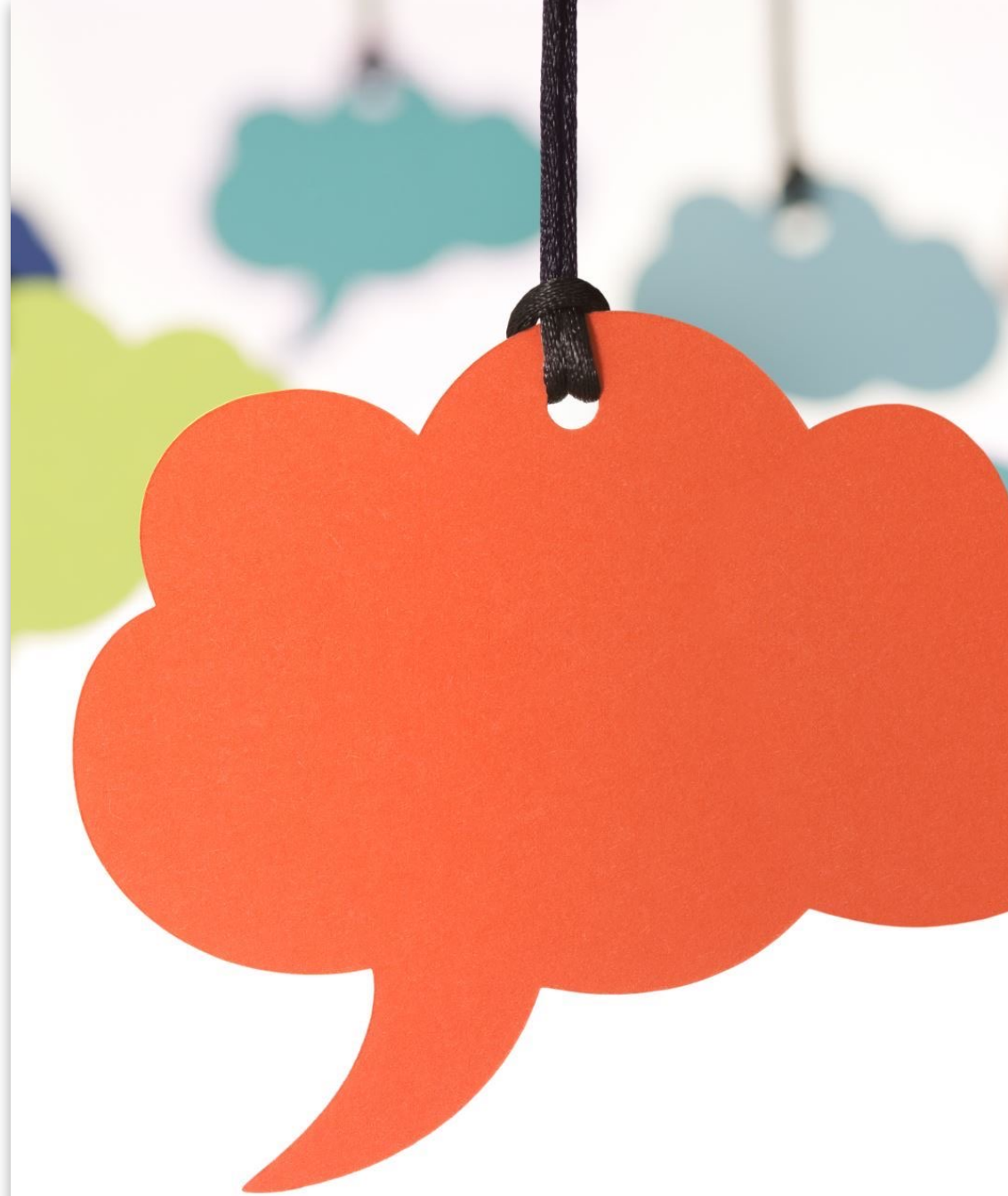
People with psychosis may lack “insight”

- Symptoms like voices, paranoia, delusions seem very real at times
- At other times, people may experience symptoms but maintain awareness that this is a product of their own mind/thoughts
- Not agreeing on terminology is different from lacking insight
- Acknowledging voices can be a healthy way to manage them



“Insight” comes and goes

- How we talk to people about their experiences can increase or decrease their insight
- Most people feel defensive and lose self-awareness when they feel criticized
- Create a safe space to talk about psychotic experiences and explore where those might be coming from





Engagement strategies that often work

- Motivational interviewing: developed in context of substance use disorder treatment
- Offers useful, concrete tools for talking with patients who are ambivalent or lack insight

Respond with reflections

You feel like people are out to get you

You're not sure what to do

It feels like no one believes you

You're under tremendous stress



Find out more by asking questions

- How long has this been happening?
- Has anything like this ever happened before?
- What does your family think about this problem?
- Why do you think this is happening to you?
- What made you decide to get some help **today**?

Brainstorm solutions: What do you think might help?

I need to go back on my medications

I need the FBI to leave me alone

I just need a good night of sleep

I need a job

I have no idea

Get permission to offer advice

Believe it or not, I've heard people describe similar problems in the past. Do you want to hear what helped them?

Can I share my perspective?

Keep
guidance
brief,
assertive, &
clear

- I think you should talk with one of our prescribers.
- I'm worried about your safety, I want to walk with you to the emergency room.
- It sounds like in the past, taking a few days off of work/school to rest has helped you get some peace of mind.






Handover control (if appropriate)


- What do you think you'll do next?
- Recognize that psychosis can be chronic with periods of remission and exacerbation; sometimes “do nothing” or “wait it out” is a reasonable course of action
- "Just" talking about experiences can help relieve stress and shame




Engagement
strategies that
don't work




1: Immediate & exclusive focus on meds

- 
- What medication are you taking?
 - Have you tried _____?
 - You really need medication.
 - How about ECT?
 - Focus on dosing or adding a second med if patient says they don't see benefit




2: Black and white attitude toward "compliance"

- So you don't want treatment.
 - Come back when you're motivated.
 - Requirement for medication adherence before offering therapy
- 




3: Narrow focus on "insight"

- Asking patient "do you have psychosis" as a prerequisite for services
 - If someone wants to talk about experiences, therapist/doctor only wants to talk about reality testing
- 



4, Chilly demeanor

- 
- Stigmatizing, judgmental language
 - Mean!
 - Defensive – responds to questions with hostility

What was different?

Type your observations in the chat

Pick a strategy

Type in the chat something you saw today that you'd like to try

- Reflection?
- Open-ended questions?
- Asking permission to give advice?
- Emphasizing autonomy?
- Something else?





References and Resources

W. Miller & S. Rollnick (2023). *Motivational Interviewing: Helping People Change* (4th Edition)

Kline, E. (2023). *The School of Hard Talks: How to Have Real Conversations with Your (Almost Grown) Kids*

Massachusetts Psychosis Access and Triage Hub ("M-PATH")

Massachusetts Psychosis Network for Early Treatment ("MAPNET")



The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.

Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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