

Finding Connection When Realities Don't Match

Facilitated by

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Facilitators

Amy Pierce, MHPS, PSS, ALF (she/her) is an international trainer and consultant and has been working in the Peer Movement in the state of Texas for over two decades. She currently serves as Recovery Institute Associate Director at Via Hope by serving as a subject matter expert on the implementation of peer services and other recovery-oriented practices. She has extensive experience in the peer support sector, having started the first peer support program in the state hospitals in Texas, working as a peer support worker in a community mental health agency, and the Program Coordinator for a transitional peer residential housing project. Amy also enjoys reading secondhand books in the pool, watching birds in the bay, and being a jungle gym to her two energetic nieces.



Amanda Bowman, LCSW-S, PSS (she/her) is a clinical social worker, certified peer specialist supervisor, and WRAP® facilitator, using her professional and lived experience with mental health challenges to promote person-centered practices in behavioral health care. Coming from direct social work practice and administrative leadership within the public mental health system, she joined Via Hope in 2013, where she served as Recovery Institute Director until 2023. In this role, she oversaw the development and delivery of organizational change programs, which included statewide initiatives to support the implementation of person-centered planning, peer support services, and trauma-responsive work environments. As the owner of Sidecar Consulting, Amanda now facilitates collaborative learning events and serves as a subject matter expert for programs designed to support change within and across agencies. Outside of work, you may find Amanda with her family hiking the Barton Creek Greenbelt or enjoying live music.

Session Objectives

At the end of the session, participants will be able to

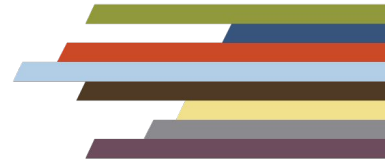
1. Describe two actions that promote trust and partnership during a time of mental health distress,
2. Name two behaviors professionals should avoid that can damage the relationship with people who are hearing and seeing things that others do not, and
3. Identify an approach that simultaneously balances the needs of the person and the system.

Challenges for Providers

Share your responses by chat.

1: What are the biggest challenges for service providers when supporting people with psychosis?

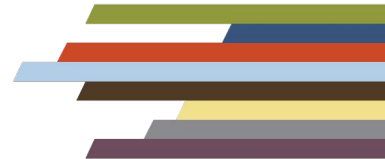
2: What barriers do you encounter when there's a need to complete time sensitive job requirements (e.g., assessments, planning, other concrete tasks) with a person experiencing psychosis?



Communication during Psychosis

It can be difficult to communicate with a person experiencing psychosis because they may:

- be difficult to understand or follow
- speak very quickly or very slowly
- change topics very quickly
- have difficulty with concentration and remembering things
- have beliefs that you do not share
- be distracted by things they hear, see or perceive that you do not sense
- be lethargic or sluggish
- use words or phrases that you might not understand



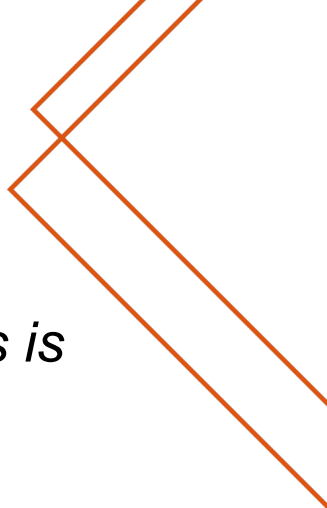
Psychosis: A Definition

Psychosis is characterized by symptoms such as hallucinations (perceptions in the absence of stimuli) and delusions (erroneous judgments held with extraordinary conviction and unparalleled subjective certainty, despite obvious proof or evidence to the contrary). The nature of these symptoms makes psychosis the most ineffable experience of mental disorder, extremely difficult for affected persons to comprehend and communicate:

“There are things that happen to me that I have never found words for, some lost now, some which I still search desperately to explain, as if time is running out and what I see and feel will be lost to the depths of chaos forever”

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9077608/>





“The more I try to speak, the less you understand me. This is why we stop trying to communicate.”

“Not being able to communicate my basic feelings, not identifying with another human being, and feeling completely alone in my experience are killing me“



Myths & Misconceptions about Psychosis

With Stories & Examples

Myth: We Can Predict the Future

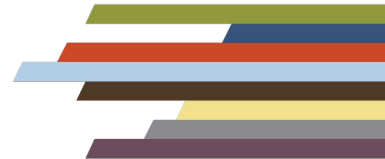
- Severe impairment in the here & now does NOT predict long-term disability
- between 45-65% of people diagnosed with schizophrenia will recover from the disorder over time
- This literature has now been around, and consistently replicated, since the 1970's, but still has not made its way into the training of most mental health professionals.

Myth: All Domains of Functioning Are Impaired

- Semi-independent nature of recovery across various domains (what Strauss and colleagues referred to as being “loosely linked”)
- “Major Outcome Domains” include:
 - Social functioning
 - Occupational status
 - Levels of symptoms
 - Global assessments
- For example, a person may have an increase in symptoms without experiencing any disruptions in social or work life.

Myth: Delusions are 100% False

- Many professionals are taught to do “reality- testing” with people experiencing psychosis, i.e. teach them what is and is not real
- While it may not be known what parts are based in truth at the time a person is sharing delusional beliefs, it can be clear later on, that many of the false beliefs are actually not completely false.





A Review of Strategies

Tips, Traps & Resources

PSYCHOSIS: MENTAL HEALTH FIRST AID GUIDELINES



**MENTAL HEALTH
FIRST AID®**

For Anyone For Everyone®

WHAT NOT TO DO WHEN RESPONDING TO HALLUCINATIONS OR DELUSIONS:

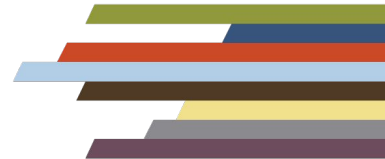
- Do not pretend to agree with the person's hallucinations or delusions.
- Do not try to reason with the person about their hallucinations or delusions.
- Do not dismiss, minimise or argue with the person about their hallucinations or delusions.
- Do not act alarmed or embarrassed by the person's hallucinations or delusions.
- Do not laugh at or make fun of the person's hallucinations or delusions.
- Do not ridicule the person, even if what they are saying doesn't make sense to you.

When supporting someone experiencing psychosis you should:

- talk clearly and use short sentences, in a calm and non-threatening voice
- be empathetic with how the person feels about their beliefs and experiences
- validate the person's own experience of frustration or distress, as well as the positives of their experience
- listen to the way that the person explains and understands their experiences
- not state any judgements about the content of the person's beliefs and experiences
- not argue, confront or challenge someone about their beliefs or experiences
- accept if they don't want to talk to you, but be available if they change their mind
- treat the person with respect
- be mindful that the person may be fearful of what they are experiencing

Resources

1. New South Wales (NSW) Health -
<https://www.health.nsw.gov.au/mentalhealth/psychosocial/strategies/Pages/communicating-psychosis.aspx>
2. Psychosis MH First Aid Guidelines
https://www.mhfa.com.au/wp-content/uploads/2023/12/MHFA_Psychosis-Guidelines-1.pdf
3. Video: The Voices in My Head by Eleanor Longden -
<http://www.youtube.com/watch?v=syjEN3peCJw>
4. Video: The Hearing Voices Approach -
<https://youtu.be/Qk5juEgi1oY>



Questions?

Thank You!

