

Psychosis and Schizophrenia

Welcome

Welcome to the Behavioral Health Awareness Module on Psychosis and Schizophrenia. If you have visual or auditory assistance needs, please select the Accessibility On/Off button for help with this training. Additional resources are available by selecting the Resources link in the top right corner of the window.

Simply Listening

For the last 10 years, I've worked with people who experience psychosis. By far, the most common response I get is gratitude. Gratitude for simply listening and spending time with them. – Matt Brown, Ph. D.

In This Training...

Have you encountered someone, perhaps a friend, coworker, or family member, who seemed to have trouble understanding what is real and what is not? Perhaps you have had experiences where you heard a voice or saw something others did not see. In this module, we will help you understand these types of experiences, which are symptoms of psychosis.

The table of contents provides an outline for what you will learn in this training. We will talk about the experience of psychosis, treatment options, and how to support those who may be living with the symptoms. We invite you to explore the following chapters that address questions you may have about the topic. You also have the option to move freely about the module using the player menu on the left-hand side of the window. You are free to start, stop, or pause the module at any time.

Real and Not Real

Psychosis refers to a state of mind involving confusion between what is real and what is not real. It is comprised of different experiences including hallucinations, delusions, and disorganized speech.

What Is Psychosis?

Psychosis can affect all five of a person's senses, their behavior, and their emotions. During a period of psychosis, the mind loses some contact with reality. A person may have experiences that they cannot understand and that are confusing to others as well. Psychosis is common to certain mental health conditions, like schizophrenia.

Experiences and Triggers

Psychosis generally occurs due to a combination of a person's brain makeup and life experiences that may increase risk. Stressful events or the use of substances can trigger psychosis for individuals who are susceptible. It's important to recognize that certain symptoms of psychosis, like hallucinations, can happen to anyone under the right set of circumstances. For example, people might see or hear things as a result of a lack of sleep or food or due to the use of certain substances. The difference is not the presence of these experiences but their intensity, frequency, and persistence.

Common Signs and Symptoms

Symptoms of psychosis vary, but two common symptoms are hallucinations and delusions. Perhaps you have heard of these terms before. Let's explore each in more detail. Click next to explore more about hallucinations and delusions.

Sensory Experiences

Hallucinations are sensory experiences that happen without anything concrete or tangible in the environment. Hallucinations can occur across any of our five senses. Even though there is no external source for the occurrence, the individual experiences it as completely real...because it IS real for the person having the hallucination. Hallucinations can be quite upsetting, and people will often come up with reasons to explain them.

Varies from Person to Person

Sometimes, the explanations they think of make the experience even more unsettling. A person might see a shadow and think, "That shadow is a demon waiting to drag me away." On the other hand, someone might explain the hallucination in a way that makes it more comforting, such as "This shadow is my little helper. It's here to keep track of me so I don't get lost." Overall, hallucinations can be pleasant or unpleasant, and the way they are experienced varies from person to person.

The 5 Senses

When experiencing a hallucination, someone might see, hear, taste, feel, or smell things that do not exist. Click on any of the five senses to learn more.

Sound

While people might hear any sound that isn't there, hearing voices is the most common form of hallucination. The voices may be familiar or unfamiliar, and are distinct from the individual's own thoughts. Some people hear voices that simply make observations about what the person is doing or what is going on in the world around them. Others hear voices that speak directly to them or command them to do something, but this does not mean the person hearing the command always follows through with what they hear. Voices may say negative and hurtful things, or the voices can provide neutral or even helpful messages. Voices range from whispers to loud and disturbing sounds. It is common for people experiencing voice hallucinations to become paranoid or afraid of the voices. For more on voice hallucinations, please visit the Resources tab in your player window.

Sight

Visual hallucinations are the second most common type. Some see poorly defined shadows or shapes, while others see fully formed and well-defined figures such as people, demons, ghosts, or animals.

Smell

People can hallucinate smells that are not present. For example, someone may frequently smell smoke. It can be upsetting or scary for a person who experiences this sensation without any way to alleviate the odor.

Taste

People can experience the taste of something they are not actually consuming. For example, someone might experience a chemical taste and see it as evidence of being poisoned, increasing a feeling of being in danger.

Touch

Hallucinations of touch involve a physical sensation in one's body or on the skin. For example, someone may experience the sensation of something crawling under their

skin, having growths coming up through the skin, or insects biting them.

Not Based in Reality

Although sometimes confused with hallucinations, delusions are different. With a delusion, a person maintains a strong steadfast belief in something that culture or larger society would generally recognize as untrue or not based in reality. People who experience delusions may become so preoccupied with these beliefs that their lives are severely disrupted. Delusions can often bring intense worry, anxiety, or confusion for the person having them, but others may experience very little intrusion into their lives.

Delusions

Romantic

A person is convinced that another person, often someone important or famous, is in love with them. They might become fixated on the object of the romantic delusion.

Grandiose

A person has an over-inflated sense of worth, power, knowledge, or identity. They might believe he or she has a great talent or has made an important discovery.

Somatic

A person believes they have a physical defect or medical problem without medical evidence.

Persecutory

A person believes that they, or someone close to them, are being mistreated or someone is planning to harm them. It is not uncommon for people with this type of delusion to repeatedly contact legal authorities because of their fears.

Jealous

A person believes that their significant other is unfaithful without any evidence.

Nihilistic

A person believes that all or some part of them, others, or even the world, does not exist. A person with this type of delusion may believe the world is ending.

Very Real to the Person Experiencing Them

Delusions, however untrue, are very real to the person experiencing them.

Andrews Story 1

My son Andrew was 19 when he first started hearing voices. He was living with us during his second year of college and he was struggling with classes, found it difficult to keep up with his studies, and his grades were declining. This caused a great deal of stress for Andrew who was on track to become the first person in our family to get a college degree. When the voices started, he heard them outside his bedroom window, commenting on what he was doing. They were saying things like, "Now he's putting on his shoes" and "He's looking for something." Andrew tried to ignore it and go on with his life, but the voices continued and he was really frightened by them. He started losing sleep because the voices kept him up. The ongoing voices and his lack of sleep made studying almost impossible for him, and that only increased his stress. He began to develop the belief that the voices must have come from some people who were watching him. So he started to feel very anxious around anyone outside the family. When he saw people talking in a group, he was convinced they were talking about him and plotting to harm him. These fears consumed his thoughts, and he started missing most of his classes and he even lost his job.

Andrew's father and I became increasingly concerned with the changes that we saw in how he was behaving. We noticed that he was keeping to himself and spent most of his time alone in his room. We knew we had to talk to him to find out what was wrong. Andrew told us that a group of people were somehow watching him and had been commenting on everything he was doing for the past month. We tried to calm him down by telling him he was imagining things. He got more and more upset and just kept saying it was real. We quickly realized that something was going on that we didn't understand.

Reflection Point 1

What experiences was Andrew having that caused his parents concern? (Select all that apply.)

Correct	Choice
Yes	Hearing voices
No	Acting aggressively
Yes	Spending time alone
No	Drinking heavily

Correct

Good thinking. Andrew was spending a lot of time alone in his room and hearing voices.

Incorrect

Not quite. Andrew was spending a lot of time alone in his room and hearing voices.

False Beliefs

There are a lot of false beliefs people hold about psychosis. Consider for a moment all the terms we commonly use in society as insults, such as “crazy, nuts, psycho, nut job, off the rails,” and others. Because these terms are used often, those dealing with real symptoms of psychosis can feel shame or exclusion, or have a harder time seeking help. They might believe they will be shunned or not accepted. We have the power to change the narrative, but we first have to learn about the beliefs we hold that are harmful. You’ll see three false beliefs. If you’ve ever thought one of these or heard someone say one of these, we encourage you to click on it to learn more about why it’s untrue and harmful to those living with psychosis.

Someone experiencing psychosis is dangerous.

Unfortunately, it’s common for people to fear what they do not understand, leading many to fear those with psychotic symptoms. The truth is someone who is psychotic is more likely to be the **victim** of violence rather than commit violence (DSM V, 2013). Many factors, including age and gender, are much better predictors of violence than psychosis.

Normal people don't experience hallucinations or delusions.

Hallucinations and delusions are common human experiences. Many of us have beliefs that others around us would consider ridiculous, unusual, or silly. A 2005 survey in the U.S. found that 75% of all Americans believe in some paranormal phenomenon, like ESP, haunted houses, or ghosts. During periods of loss and grief, people commonly report seeing or hearing the voice of their loved one. Hallucinations can happen as a result of sleep deprivation. Knowing this helps us remove unwarranted fears about someone having these experiences. They are not experiencing something the rest of us don't; they are just having to deal with it more often and more intensely.

Psychosis is permanent and makes people unable to function in society.

Some people think a person with psychosis is unable to contribute to their community, maintain a job, or be productive. Nothing could be further from the truth. Winston Churchill reportedly heard voices when he was the Prime Minister of England during World War II. There have been and currently are many famous people, academics, and many others who have heard voices and gone on to make tremendous contributions to the world. Experiencing psychosis does not guarantee someone will have to live with the symptoms for the rest of their lives. Many who experience an episode of psychosis fully recover and do not experience it again (Here to Help, 2019).

Andrews Story 2

I decided to take Andrew to the doctor. He didn't want to go, but I told him I knew someone who could get to the bottom of the voices and how they knew what he was doing. Andrew was desperate for relief so he agreed to go. The doctor diagnosed Andrew with a type of psychosis. She identified some of the stresses that Andrew recently experienced, like his recent trouble in school, difficulty sleeping, and recent break up with his girlfriend. The doctor explained that the voices Andrew said he was hearing were called "auditory hallucinations," and that while we couldn't hear them, they were very real to Andrew. She also explained that Andrew was experiencing "paranoid" beliefs to explain the voices, and these made interacting with other people much more frightening. The doctor explained that stress can sometimes lead to difficulties like he was experiencing, so she also asked if we had any family history of mental illness, and I recalled hearing a story about a distant relative who had a mental health condition. The doctor then explained that a family history can sometimes put someone at more risk for developing something similar. The doctor worked with Andrew to find a medication that

would help with the voices.

Reflection Point 2

What stressors did the doctor identify that Andrew had recently experienced? (Select all that apply.)

Correct	Choice
Yes	School difficulties
No	Paranoid beliefs
Yes	Trouble sleeping
Yes	Recent break up

Correct

Good thinking. Andrew was having trouble sleeping, doing poorly in school, and recently broken up with his girlfriend.

Incorrect

Not quite. Andrew was having trouble sleeping, doing poorly in school, and recently broken up with his girlfriend.

When Can Psychosis Occur?

Psychosis can occur as a feature of several different mental health conditions including schizophrenia, schizoaffective disorder, bipolar disorder (previously called manic depression), and major depression. Psychosis can happen when people use hallucinogens like L.S.D., MDMA, and psychogenic mushrooms. Stimulants like methamphetamine and cocaine can also trigger psychosis. Psychosis sometimes occurs due to physical health conditions, such as Parkinson's Disease, Dementia, HIV Infection and Diabetes. Sometimes extreme experiences can trigger a brief period of psychosis for someone that lasts for only a few days, then is never experienced again.

Schizophrenia

Schizophrenia is one specific mental health condition in which psychosis occurs. People with schizophrenia have symptoms of psychosis you have learned about. These symptoms may come and go and are often helped by medications. Additional symptoms experienced by people with schizophrenia include decreased interest and motivation to do things, difficulty showing or interpreting emotions, or withdrawal from social activities and relationships. A common misconception is that these problems are due to laziness. This is not the case at all. The withdrawal from engaging in life or decreased motivation is part of the experience of schizophrenia, just as hallucinations are.

Thinking and Reasoning

Another area of a person's life commonly affected by schizophrenia is thinking and reasoning. People may find increased difficulty in everyday mental tasks that rely on memory, speed of thinking, concentration, and the ability to organize and plan steps to carry out a task. Schizophrenia can also cause trouble in the way someone speaks. For example, someone may respond to a question with an unrelated answer, start sentences with one topic and end somewhere completely different, or say illogical things. These difficulties can make everyday tasks such as working at a job, preparing a meal, studying for a class, or taking the bus more difficult. The good news is there are developed strategies that can help people cope with these challenges so they are able to complete these kinds of daily activities in their life.

Treatment Options

Many treatment options are available for people experiencing psychosis or living with schizophrenia. Complete recovery from psychosis is possible, depending upon what caused it, and hope is always a possibility regardless of a person's condition. Recovery means pursuing a fulfilling life in the presence of psychosis or a serious mental health condition. Each person has to find out what works for them and how to best move through the world and manage their condition. Let's briefly review the different available treatments.

Medication

It is common for individuals diagnosed with psychosis to face challenges in consistently taking their medication. Some will take their medicine for a period of time, feel better, and then stop their medications because they don't think they need them anymore.

Other people stop taking their medications because they don't like the side effects. Some people don't want to take medications for psychosis because they feel shameful or fear being labeled about their mental health diagnosis. It is important to be respectful and empathic regarding the concerns someone may have regarding their medication, but to encourage them to talk to their health provider before straying from a medication plan. Medications can reduce the intensity of symptoms of psychosis or eliminate them altogether which in turn helps people become less afraid and focus on what is real. These symptoms can include:

- Stiffness and shakiness
- Uncomfortable restlessness
- Movements of the jaw, lips and tongue
- Sexual problems due to hormonal changes
- Sleepiness and slowness
- Weight gain and increased risk of diabetes

Hospitalization

A hospital stay can be helpful for someone experiencing symptoms that are not tolerable or that cause them to believe they may be harmful to themselves or someone else.

Therapy

Cognitive behavior therapy (CBT) can teach a person to examine the evidence for a certain belief. The goal of CBT is to reduce how upsetting the symptoms of psychosis are for someone.

Skill training

Skills training helps with motivation, social interactions, and thinking difficulties. Some of these treatments teach specific skills to help people function better in their lives from day to day.

Peer support and family education

Support systems are crucial for recovery. Peer specialists are individuals who are currently experiencing, or have previously experienced, similar symptoms of psychosis and have been successful in the recovery process. Family education provides accurate information enabling family members to understand how to support a loved one.

Andrews Story 3

Andrew was scared to start taking the medication; some of the voices even told him not to. But he was willing to try anything. The first few days on the medication, he had some side effects and thought about stopping. However, he also noticed the voices became softer and it was easier to ignore them. Over time, the side effects of the medication became less severe, and although the grogginess seemed to continue, over the next few weeks, Andrew noticed neither the voices nor the side effects completely went away. On some days Andrew felt like the voices were even worse. He seemed to be less concerned that people were watching or wanting to harm him, but it was hard to tell if this was because he stayed home in his room most of the time, or what. It was clear to his dad and I that the medication was helping Andrew, but we were still concerned at how drastically his life was still affected by his diagnosis. So, I contacted Andrew's doctor and expressed my concerns. She recommended a therapist who could help Andrew's father and I learn more about Andrew's condition and to connect with some resources.

Reflection Point 3

What effects did Andrew experience when he started taking medication? (Select all that apply.)

Correct	Choice
No	Increased agitation
Yes	Some grogginess
Yes	The voices became softer
Yes	Reduced paranoia

Correct

Good thinking. Andrew noticed that the voices were softer, and that he was less concerned that people were after him –despite the grogginess.

Incorrect

Not quite. Andrew noticed that the voices were softer, and that he was less concerned that people were after him –despite the grogginess.

How to Support People with Psychosis

- Stay calm.
- Don't take what they say personally.
- Be compassionate; listen and try to understand.
- Avoid arguing with the person about their delusions. Remember, these thoughts are completely real to them.
- Try to understand the emotions underneath what is being said.
- Reduce noise. Turn off the television if the person is hearing voices coming from it.
- Talk to a professional.
- Remember that recovery is a real possibility, and focus on hope for the future ahead.

Andrews Story 4

We went to see the therapist who provided us with some education about psychosis and also how it can affect someone's life. The therapist referred us to the National Alliance for Mental Illness (NAMI) and told them that NAMI offers family education and support groups. The therapist also agreed to meet with Andrew individually if he was willing. So, after speaking with Andrew, he agreed he would try therapy. During therapy, Andrew and the therapist explored what kinds of things seem to happen when the voices and the fears of being watched are worse. They were able to identify that when Andrew is having trouble sleeping or when he is under more stress, that things get worse for him. And together, they worked on strategies to reduce his stress and improve sleep.

At the same time, Andrew's father and I attended a family support group where we connected with other couples in similar situations. We shared our experiences with Andrew, and then he talked to us about what he was learning in therapy, too. We have even started participating in Andrew's recovery by doing breathing exercises and meditation as a family. These activities help Andrew to manage his stress levels as he's preparing to go back to college, and it helps us as a family understand what Andrew is going through. The doctor says it's likely that Andrew will experience his symptoms to some degree for most of his life, but we know that these symptoms don't have to define his life. Andrew's been more hopeful of late, and has started making efforts to pass on what he's learned to others that are struggling with similar experiences. Along the way,

he's finding an important sense of purpose for himself.

Reflection Point 4

What strategies did the therapist suggest to Andrew and his parents? (Select all that apply.)

Correct	Choice
Yes	Family support group
Yes	Breathing exercises
Yes	Meditation as a family
No	Altered medication

Correct

Good thinking. The therapist suggested these activities to improve his sleeping, reduce stress, and help his family understand.

Incorrect

Not quite. The therapist suggested these activities to improve his sleeping, reduce stress, and help his family understand.

Summary

In this module, you learned about symptoms of psychosis and serious mental illnesses like schizophrenia. If you or someone you know might be experiencing these symptoms, remember that help is available, you are not alone, and recovery is possible. One organization that can help people learn a lot about psychosis and schizophrenia is the National Alliance for Mental Illness (NAMI). You can find their website, along with other resources and hotline information, in the Resources section of this module.

Knowledge Check 1

Select the symptom of psychosis that matches each definition.

Correct symptom	Definition
Delusions	Strong steadfast beliefs in things not based in reality
Hallucinations	Sensory experiences that happen without anything concrete or tangible in the environment

Correct

Good thinking. Hallucinations are sensory experiences, while delusions are strong beliefs in things not based on reality.

Incorrect

Not quite. Hallucinations are sensory experiences, while delusions are strong beliefs in things not based on reality.

Knowledge Check 2

It's important to remind the person that their hallucinations and delusions are not real. (True or False.)

Correct	Choice
No	True
Yes	False

Correct

Good thinking. Remember, these thoughts and experiences are completely real to the person experiencing them. Instead of arguing with them, focus on listening, understanding, and being compassionate.

Incorrect

Good thinking. Remember, these thoughts and experiences are completely real to the person experiencing them. Instead of arguing with them, focus on listening, understanding, and being compassionate.

Knowledge Check 3

Someone who is psychotic is more likely to be a victim of violence rather than commit violence. (True or False.)

Correct	Choice
Yes	True
No	False

Correct

Good thinking. Unfortunately, people sometimes wrongly assume those with schizophrenia or who have psychotic symptoms are dangerous. This false perspective can lead to stereotyping and harmful discrimination against these individuals.

Incorrect

Not quite. Unfortunately, people sometimes wrongly assume those with schizophrenia or who have psychotic symptoms are dangerous. This false perspective can lead to stereotyping and harmful discrimination against these individuals.

Knowledge Check 4

Which of the following treatment options is specifically designed to help reduce the intensity of symptoms that come with psychosis? (Select only one.)

Correct	Choice
No	Hospitalization
No	Therapy

Yes	Medication
No	Peer Support

Correct

Good thinking. While all listed forms of treatment are beneficial to those living with psychosis, medications are designed specifically to help reduce certain symptoms.

Incorrect

Not quite. While all listed forms of treatment are beneficial to those living with psychosis, medications are designed specifically to help reduce certain symptoms.

Knowledge Check 5

Someone who experiences psychotic symptoms will likely live with those symptoms for the rest of their lives. (True or False.)

Correct	Choice
No	True
Yes	False

Correct

Good thinking. Experiencing psychotic symptoms once, or even multiple times does not guarantee someone will have to live with the symptoms forever. In fact, many who experience an episode of psychosis do not experience it again.

Incorrect

Experiencing psychotic symptoms once, or even multiple times does not guarantee someone will have to live with the symptoms forever. In fact, many who experience an episode of psychosis do not experience it again.