

Dos and don'ts of managing a client with symptoms of psychosis

Some individuals in alcohol and other drug settings can present with sub-acute psychosis as a result of **methamphetamine** use, including crystal methamphetamine ('ice'). These clients may display a range of low-grade psychotic symptoms such as:

- Increased agitation, severe sleep disturbance.
- Mood swings.
- A distorted sense of self, others or the world.
- Suspiciousness, guardedness, fear or **paranoia**.
- Odd or overvalued ideas.
- Illusions/fleeting, low-level **hallucinations**.
- Erratic behaviour

Below are some strategies for managing acute psychotic symptoms. Some clients may be aware that they are unwell and will voluntarily seek help; others may lack insight into their symptoms and refuse help. Active phase psychosis can put both the client and others at risk of harm and therefore mental health services should be contacted, whether the client wants such a referral to be made or not.

It should also be remembered that there is much stigma and discrimination associated with both psychotic spectrum disorders and alcohol and other drug use, and some people may attempt to conceal either one or both of their conditions. Many people with **comorbid** psychosis and alcohol and other drug use are frightened of being imprisoned, forcibly medicated or having their children removed. Take the time to engage the person, developing a respectful, non-judgemental relationship with hope and optimism. Use a direct approach, but be flexible and **motivational**.

DO

- ✓ Ensure the environment is well lit to prevent visual ambiguities.
- ✓ Ensure discussions take place in settings where privacy, confidentiality, and dignity can be maintained.
- ✓ Try to reduce noise, human traffic or other stimulation within the person's immediate environment (e.g. reduce clutter).
- ✓ Ensure the safety of the client, yourself and others.
- ✓ Allow the person as much personal space as possible.
- ✓ Be aware of your body language – keep your arms by your sides, visible to the client.
- ✓ Ignore strange or embarrassing behaviour if you can, especially if it is not serious.
- ✓ Listen attentively and respectfully.
- ✓ Appear confident, even if you are anxious inside — this will increase the client's confidence in your ability to manage the situation.
- ✓ Speak clearly and calmly, asking only one question or giving only one direction at a time.
- ✓ Use a consistently even tone of voice, even if the person becomes aggressive.

- ✓ Limit eye contact as this can imply a personal challenge and might prompt a hostile, protective response.
- ✓ Point out the consequences of the client's behaviour. Be specific.
- ✓ Ensure both you and the client can access exits – if there is only one exit, ensure you are the closest to the exit.
- ✓ Have emergency alarms/mobile phones, and have crisis teams/ police on speed dial.
- ✓ If **psychosis** is severe, arrange transfer to an emergency department for assessment and treatment by calling an ambulance on 000.

DON'T

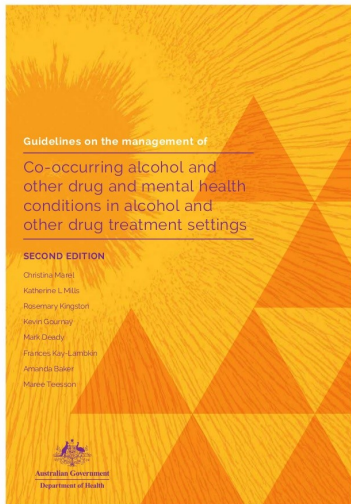
- X Get visibly upset or angry with the client.
- X Confuse and increase the client's level of stress by having too many workers attempting to communicate with him/her.
- X Argue with the client's unusual beliefs or agree with or support unusual beliefs – it is better to simply say 'I can see you are afraid, how can I help you?'
- X Use 'no' language, as it may provoke hostility and aggression. Statements like 'I'm sorry, we're not allowed to do _____ but I CAN offer you other help, assessment, referral...' may help to calm the client whilst retaining communication
- X Use overly clinical language without clear explanations.
- X Crowd the client or make any sudden movements.
- X Leave dangerous items around that could be used as a weapon or thrown.

Some clients with psychotic disorders may present to treatment when stable on anti-psychotic medication and thus may not be displaying any active symptoms. These clients should be encouraged to take any medication as prescribed, and ensure they receive an adequate diet, relaxation, and sleep because stress can trigger some psychotic symptoms.

Despite the risk of further psychotic episodes, some people decide to keep using substances that may induce psychosis. In such cases the following strategies may be helpful:

- Educate the client about 'reverse tolerance' (i.e., increased sensitivity to a drug after a period of abstinence) and the increased chance of future psychotic episodes.
- Encourage the client to avoid high doses of drugs and riskier **administration** methods (e.g., injecting in the case of methamphetamine).
- Encourage the client to take regular breaks from using and to avoid using multiple drugs.
- Teach the client to recognise early warning signs that psychotic symptoms might be returning (e.g., feeling more anxious, stressed or fearful than usual, hearing things, seeing things, feeling 'strange'), and encourage them to immediately stop drug use and seek help to reduce the risk of a full-blown episode.
- Inform the client that the use of AOD can make prescribed medications for psychosis ineffective.

Social stressors can be an added pressure for clients with psychotic conditions and the client may require assistance with a range of other services including accommodation, finances, legal problems, child care, or social support. With the client's consent, it can be helpful to consult with the person's family or carers, and provide them with details of other services that can assist in these areas. Family members and carers may also require reassurance, education, and support.



Information on this page has been adapted from the Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition).

Developers: Marel C, Mills KL, Kingston R, Gournay K, Deady M, Kay-Lambkin F, Baker A, Teesson M. (2016). B6: Managing symptoms of psychosis. In Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition), pp. 116-118. Sydney, Australia: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales. The Guidelines were funded by the Australian Government Department of Health.

[Further information about how to respond to psychosis](#), including clinical presentation, managing and treating psychotic spectrum disorders, can be found in the Guidelines.

Costs: Free

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Evidence base: These guidelines were developed based on comprehensive reviews of the best available evidence at the time of development. View the [full list of references](#).