

Tips For Handling a Crisis

Source: <http://www.schizophrenia.com>

The following is from the Washington State AMI via AMI of Hamilton County, Ohio. It has suggestions on how to handle a family member who is becoming psychotic. Note that each person is an individual and these suggestions may not apply to all.

There are some actions that can diminish or avoid disaster. You need to reverse any escalation of the psychotic symptoms and provide immediate protection and support to the MI person.

Remember: Things always go better if you speak softly and in simple sentences. Seldom will a person suddenly lose total control of thoughts, feelings, and behavior. Warning signs include: sleeplessness, ritualistic preoccupation with certain activities, suspiciousness, unpredictable outbursts, etc.

During these early stages a full blow crisis can sometimes be averted. Consider the following:

- If the person has ceased taking medications, encourage a visit to the physician.
- The more psychotic the patient, the less likely you'll succeed.
- Trust your feelings. If you are frightened, take immediate action.

Your task is to help the patient regain control. Do nothing to agitate the scene. The patient is probably terrified by the subjective experience of loss of control over thoughts and feelings. The "voices" may be giving life-threatening commands: messages may be coming from the light fixtures; the room may be filled with poisonous fumes; snakes may be crawling on the window.

Accept the fact that the patient is in an "altered reality state" and may "act out" the hallucination, e.g. shatter the window to destroy the snakes.

It is imperative that you remain calm. If you are alone, call someone to stay with you until professional help arrives. The patient may have to be hospitalized. Try to convince him or her to go voluntarily; avoid patronizing or authoritative statements. If necessary, take steps to start the involuntary treatment process. If indicated, call the police but instruct them not to brandish any weapons. Explain that your relative or friend is mentally ill and that you have called them for help.

- **DON'T THREATEN**-This may be interpreted as a power play and increase fear or prompt assaultive behavior.
- **DON'T SHOUT**-If the person isn't listening, other "voices" are probably interfering.
- **DON'T CRITICIZE**-It will make matters worse; it can't make things better.
- **DON'T SQUABBLE WITH OTHER FAMILY MEMBERS** over "best strategies" or allocations of blame. This is no time to prove a point.

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- DON'T BAIT THE PATIENT-Into acting out wild threats; the consequences could be tragic.
- DON'T STAND OVER THE PATIENT-If he is seated. Instead, seat yourself
- AVOID CONTINUOUS EYE CONTACT OR TOUCHING
- COMPLY WITH REQUESTS-That are not endangering or beyond reason. This gives the patient the opportunity to feel somewhat "In control."
- DON'T BLOCK THE DOORWAY-But keep yourself between the patient and an exit.

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