BREAKING THROUGH THE CLOUDS

HOW TO CONNECT WITH SOMEONE EXPERIENCING MENTAL ILLNESS

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BEFORE I BEGIN

- You Are The Expert On Your Story and Experiences
- What I Share is Bits and Pieces from Research Interpreted Through the Lens of My Lived Experience and Experiences as a Clinician
- My experiences and the broad stroke trends discussed will not account for everyone's
- My Viewpoints are But One of Many, I Welcome Other Perspectives, Conversation and Reflection

Who Are You People ☺

Who I Am

And Why I Care Abou This

CONNECTION

- “I Felt like there was an glass barrier between me and the rest of the world.”
- Social Changes and Isolation is Common After Onset of a Mental Health Challenge
- Many mental health conditions, including Schizophrenia, have been linked to changes in social cognition and social patterns. Onset of illness in adolescence can interrupt typical social development
- Research Shows That Number and Quality of Social Interactions Can Predict Recovery After a First Episode of Psychosis (Gayer-Anderson and Morgan, 2013) and is an important piece of recovery across stages

RELATIONSHIPS SAVE LIVES

SOCIAL ISOLATION HAS BEEN SHOWN TO BETTER PREDICT SUICIDAL IDEATION THAN SYMPTOM SEVERITY IN INDIVIDUALS WITH SCHIZOPHRENIA (BORNHEIMER ET AL, 2020).

THE SAME PERSON BEHIND THEIR EYES

TIP ONE

IT’S OKAY TO ACKNOWLEDGE THAT YOU CAN NOT FULLY UNDERSTAND WHAT IT’S LIKE FOR YOUR LOVED ONE (AND THAT THEY CAN’T FULLY UNDERSTAND WHAT IT’S LIKE FOR YOU)

TIP TWO

YOU, YOUR EXPERIENCES, AND YOUR EMOTIONS MATTER TOO (AND IT'S OKAY TO SEEK SUPPORT)

TIP THREE

GIVE TIME FOR A RESPONSE (MANY MENTAL HEALTH CHALLENGES AFFECT SPEECH/THOUGHT)

TIP FOUR

TRY THIS

IF SOMEONE IS PARANOID, BEGIN IN SWITZERLAND (NEUTRAL TOPICS, LITTLE PERSONAL INFORMATION) AS YOU CONNECT

TIP FIVE

SHARE ABOUT YOURSELF, STAY YOU

TIP SIX

ASK ABOUT THE GOOD THINGS, TALK ABOUT THE GOOD THINGS

TIP SEVEN

LANGUAGE, ‘BELIEFS’ RATHER THAN DELUSION; USE THE PERSON’S CHOSEN LANGUAGE ABOUT THEIR CHALLENGE

TIP EIGHT

IT'S POSSIBLE TO REFLECT WHAT A PERSON IS SAYING WITHOUT AGREEING WITH THE CONTENT

TIP NINE (WAIT, IS THAT A TIP OR A FACT?)

AVOID ASSUMPTIONS

TIP TEN

THE CENTRAL ROLE OF RELATIONSHIPS

FRIENDS AND FAMILY ARE THE MOST IMPORTANT ASPECTS OF MOST INDIVIDUALS' LIVES

THE MOST COMMON REGRETS AMONG THE AGING ARE NOT SPENDING ENOUGH TIME WITH THOSE ONE IS CLOSE TO

MENTAL HEALTH CONDITIONS CAN INTERRUPT RELATIONSHIPS

- Social isolation is common in individuals with mental health conditions, especially psychosis (Fett et al., 2022)
- Individuals with complex trauma or a diagnosis of personality disorders often struggle with getting close to others or otherwise sabotage relationships
- Stigma can also lead friends to “ditch” when a friend has a mental health challenge out of fear or not knowing how to help

PARANOIA, PSYCHOSIS, AND RELATIONSHIPS

- Research suggests that isolation can increase paranoia while having close relationships may mitigate it (Fett et al., 2022).

- Negative Symptoms of Schizophrenia such as flat affect, loss of motivation and social withdraw can harm relationships

- We all feel more comfortable when among people we can trust

“Psychotic disorders are a rare breed of illness that take more than a person’s life or their ability to physically function. They drain relationships. They rewrite the past, to stain everything that came before and everything that will come after.”

-Kyleigh Leddy, Author, “The Perfect Other”

“

DEPRESSION AND RELATIONSHIPS

- During Depression (either Major or Bipolar) individuals often avoid social interactions and withdraw
- Over time, those relationships can fade
- There is often a Bi-Directional Pattern Between Relationship Quality and Depressive Symptoms

FAMILY

- Family support has been researched as an important factor in mental health recovery particularly for those living with psychosis related conditions, those in early recovery, and in regards to treatment engagement (Alston et al, 2019).

- Satisfaction with mental health services has been noted to be correlated with higher levels of family support, and greater flexibility within the family (Crowe et al, 2014).

- A study of 232 individuals living with serious mental illnesses found that 78% desired for their family to be involved in their care (Cohen et al, 2013).

COMMON NEEDS

- To Be a Sister, Father, Mother, Brother and to Connect with Loved One
- To Be Able to Grieve/Seek Support Without Offending Loved One
- Crisis Support Needs
- Multi-Roles (Example; family, payee, case worker, crisis response ect)
- To Be Able to Trust That Loved One is Safe and Receiving Good Help
- Manage Often High Levels of Stress

OTHER CHALLENGES

- Paranoia Surrounding Family is also Common
- Systems of Care are Non-Ideal
- Balance of Confidentiality and Family Involvement
- Expressing Complex Emotions
- Multiple Family Members Living With Mental Illness

WHAT CAN CLINICIANS DO?

- Encouraging opportunities for social interaction
- Processing social interactions with clients and problem solving
- Utilizing specialized therapy to improve social cognition
- Assist clients with social anxieties in exposure to being in company of others
- Psychoeducation for family and friends

MENTALIZATION BASED THERAPY

- A Randomized-Controlled Trial of Mentalization-Based Therapy for psychosis found that individuals with psychotic spectrum disorders improved more than treatment as usual in social functioning following and that those whose symptoms were more recent onset had a most robust response (Weijers, et al., 2021)

- Mentalization-Based Therapy improved relationship quality and overall functioning of individuals with Borderline Personality Disorder as compared to treatment as usual even 8 years after treatment (Bateman et al., 2021).

- Mentalization-Based Therapy is being studied for its effects on social functioning for individuals with an array of additional indications

WHAT IS MENTALIZATION?

MENTALIZATION IS…….

- Keeping awareness of ourselves……while also keeping awareness of others
- Developing an idea of what we and others may be thinking and feeling at any given moment
- Variable

Of Note: We are All Mentalizing All the Time

Clinicians Mentalize Too (And Sometimes We Struggle With Mentalization as Anyone Else)!

WE ARE BEST AT MENTALIZATION WHEN…..

- We feel safe
- We are not over or under activated

WE ARE MOST LIKELY TO STRUGGLE WITH MENTALIZATION WHEN……

- We are at a high level of stress
- When there is a threat
- During conflict
- In family relationships

WHAT SITUATIONS MIGHT REDUCE A CLINICIAN'S MENTALIZATION WITH A CLIENT?

EXAMPLES OF CLINICIAN MENTALIZATION DISCONNECTION

- “My client is not showing to their sessions because they don’t care” (What is the threat?)
- “This suicidal ideation is a manipulation tactic.” (What is the threat?)
- “They are bad parents.” (What is the threat?)

How Can Clinicians Re-Connect/Mentalize When Feeling Stressed Themselves?

WHAT SITUATIONS MIGHT REDUCE A CLIENT'S ABILITY TO MENTALIZE WITH A CLINICIAN?

EXAMPLES OF CLIENT MENTALIZATION DISCONNECTION

- “My therapist is paid to care.” (What is the threat?)
- “They are just doing this suicide risk assessment to cover themselves.” (What is the threat?)
- “This case manager is too young to know anything.” (What is the threat?)

BRIDGING THE GAP

- Communicating Openly/Directly
- Not-Knowing Stance
- “Correct me if I’m wrong…..” “I have a picture of……”
- Humility

NO ONE IS EXPECTED TO READ MINDS

IRONICALLY, WHEN WE RECOGNIZE THAT WE CAN NOT READ MINDS, THAT OUR ASSUMPTIONS ARE MERE GUESSES WE ARE IN THE BEST SPACE FOR MENTALIZING

EMPATHIC VALIDATION

- Clarifying Questions
- Understanding at a Strong Level
- Can Be Practiced Even When a Client Is Experiencing Delusions or Psychosis
- The First Step to Getting Mentalization Back Online

VALIDATION IS NOT

- Reassurance
- Openly Agreeing With Everything Someone is Saying
- Trying to Make Someone Feel Better or “Do Something” for them

EMPATHIC VALIDATION----HOW TO

- Listen to Understand
- Clarify Understanding
- Show Support

EMPATHIC VALIDATION TOOL----THE THREE BECAUSES

- I understand _____

because_____ because_____ because_____

STOP---REWIND

- Slowing Down
- Literally saying, “Okay, let’s rewind, I think I may have misunderstood something.”
- Clarifying questions without judgement

MENTALIZING DIMENSIONS BALANCING BETWEEN

- Thoughts
- Self
- Implicit
- Internal

- Emotions
- Others
- Explicit
- External

WHEN MENTALIZATION GOES OFFLINE…..

- We May Overfocus on one dimension over another (for example thinking over feeling)
- We may become too overwhelmed (or underwhelmed) to effectively connect
- We may fall into a trap (pre-mentalizing modes)

WINDOW OF TOLERANCE

- We Are Best Able to Mentalize When Within Window of Tolerance
  - Reconnecting Might Include Strategies to Decrease or Increase Activation
  - Decrease: Focusing on Cognitive, Validation, Support
  - Increase: Focusing on Emotion, Challenges

HOW MIGHT THE EXPERIENCE OF TRAUMA AFFECT SOMEONE'S ABILITY TO MENTALIZE?

WHAT ABOUT PARANOIA? DEPRESSION?

IMPROVING MENTALIZATION CAPACITY

- “If you could draw a thought bubble above their head what do you think would be in it?”
- “What do you imagine they think you think about this?”
- “I’m curious what your experience was there?”
- “What is this like for you right now?”

IMPROVING MENTALIZATION IN FAMILIES

- Psychoeducation
- Thought Bubble Question

IMPROVING MENTALIZATION BETWEEN CLINICIAN AND CLIENT

- Requesting Feedback: “How was this for you?”
- Sharing your ideas openly and remaining open for correction
- Openly sharing any documents completed, notes (collaborative doccumentation

IMPROVING COMFORT TO BUILD A RELATIONSHIP

- Finding what the person is doing at their best
- Engaging common interests
- Inviting clients ideas/feedback on topics
- Activity and use of creative means of engagement (ie; a game of chess, music, ect)

TROUBLESHOOTING----WHAT IF SOMEONE HAS VERY LITTLE SOCIAL INTERACTION?

- Searching Social Opportunities
- Creating Small Social Challenges (such as going inside a gas station, or calling a friend)
- Mentalizing the therapeutic relationship
- Group interventions (does not have to be a mentalization-based therapy group, or even a therapy group; any interaction)

ENCOURAGEMENT

- Building a connection takes time
- Willingness to work toward improved connection is a meaningful endeavor which involves courage
- Small interactions add up

Questions?

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