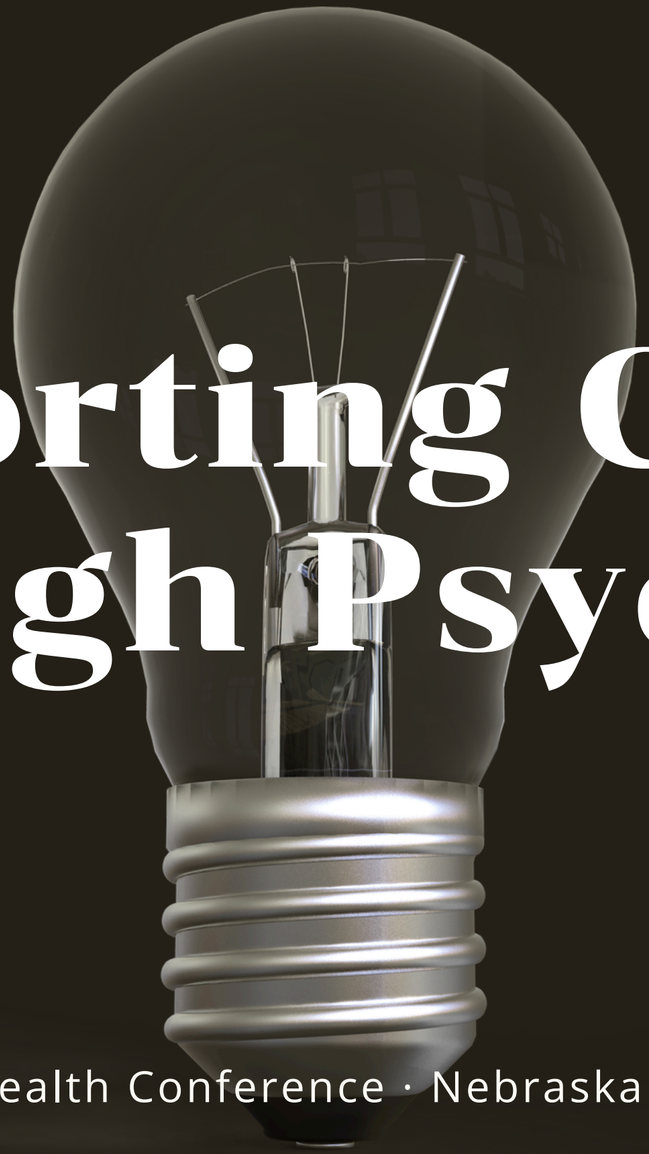
SALLY LITTLEFIELD



Supporting Clients Through Psychosis

2026 Behavioral Health Conference · Nebraska Methodist College

Sally Littlefield

SCHIZOPHRENIA ADVOCATE



My Work

TRAINING & SPEAKING

UCSF THE BEHAVIORAL WELLNESS CENTER AT GIRARD

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Session Goals

Recognize how stigma and bias shape experiences of care

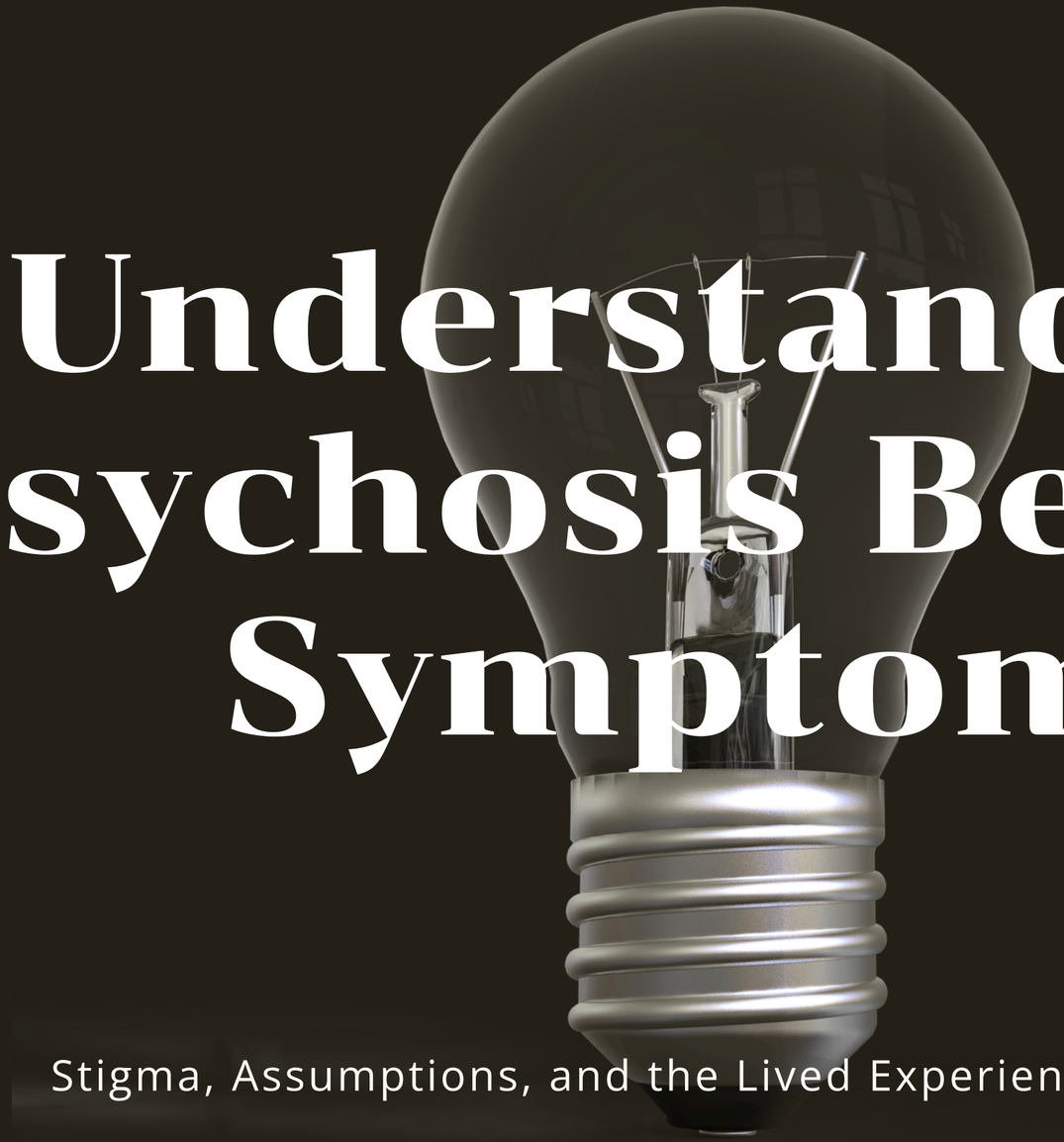
Understand impact of healthcare distrust on treatment disengagement

Communicate effectively across different realities

Build trust through autonomy, predictability, and shared goals

Support recovery beyond symptom reduction

SECTION 1



Understanding Psychosis Beyond Symptoms

Stigma, Assumptions, and the Lived Experience of Psychosis

Why Start Here?

PSYCHOSIS STIGMA IN HEALTHCARE



A 2020 research review found schizophrenia is one of the **most stigmatized** mental health conditions **among clinicians** (Valery & Prouteau, 2020).



Stigma among clinicians can contribute to **substandard care** for people who experience psychosis.



Ableism and the resulting poor quality of care make people with psychosis **less likely to seek medical care.**

HOW IS HEALTHCARE DISTRUST A BARRIER?

Approximately 50% of people with schizophrenia are estimated to be nonadherent to prescribed medication (Acosta et al., 2012).

And it’s not just anosognosia and side effects.





THE RESEARCH

A 2020 qualitative study found distrust of healthcare to be a **significant reason for disengagement** from treatment (Stasiulis et al., 2020).

A RATIONAL RESPONSE

Though our distrust is pathologized, it's a rational reaction to **centuries of systemic abuse**.

This is similar to other populations that have been abused for centuries, **many of whom grow to distrust** the systems that abused them.



Common Psychosis Biases

1

VIOLENCE

Most people with psychosis are not violent.

2

MORALS

Psychosis is not a moral failing.

3

MEMORY

People in psychosis are often capable of accurate memory.

4

RECOVERY

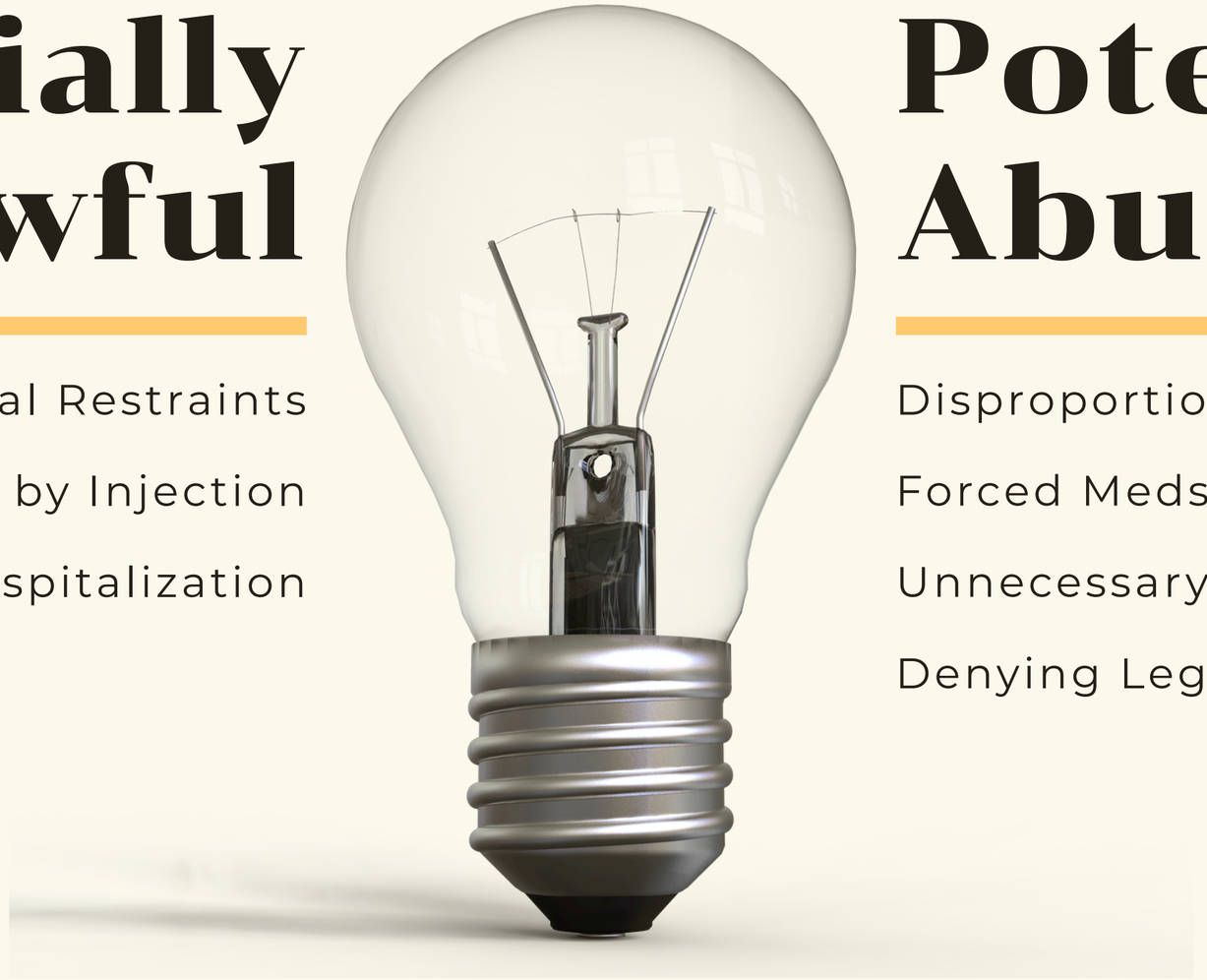
Recovery from psychosis is possible.

Potentially Lawful

Physical Restraints

Sedation by Injection

Involuntary Hospitalization



Potentially Abusive

Disproportionate Force

Forced Meds as Punishment

Unnecessary or coercive undressing

Denying Legal Rights



Everyday Microaggressions

Assuming I can't maintain a job or career

Making assumptions about my substance use

Dismissing my concerns as symptoms

Reducing my mental health needs to mania and psychosis

Taking credit for my progress and recovery

Three Types of Trauma



Healthcare Trauma



Stigma & Ableism



Symptoms

SECTION 2



Communicating Across Different Realities

Practical Strategies for Connection and Understanding

Validate Without Reinforcing

Respond to the emotion without pretending you share the belief.

VALIDATE THE FEELING

“That sounds terrifying.”

“I can see why that would make you feel unsafe.”

“That sounds really overwhelming.”

DON’T REINFORCE THE BELIEF

“Yes, they’re definitely following you.”

“I think your neighbor probably is spying on you.”

“Those voices are warning you for a reason.”

DON’T DISMISS THE EXPERIENCE

“That’s not real. You’re psychotic.”

“You’re being paranoid.”

“Nobody is following you. Stop worrying about it.”

Identify Needs Underneath Beliefs

Meet the need when you can — even if you can’t resolve the belief.



SAFETY & AUTONOMY

Safety · Privacy · Control



BASIC NEEDS

Rest · Food · Relief from Stimulation



EMOTIONAL & SOCIAL

Reassurance · Connection · Protection from Shame

Work Within the Logic of the Delusion

PROBLEM-SOLVE WITHIN THEIR EXPERIENCE



“Someone put cameras in the bathroom.”
→ “Would you feel more comfortable washing up at the sink?”



“The food has been poisoned.”
→ “Is there something sealed you’d feel okay eating?”



“I can’t sleep because they come at night.”
→ “Would it help if we left a light on?”

When Language Is Hard

Psychosis can make it harder to process, organize, and respond to information.

1

ONE THING AT A TIME

Ask one question at a time.

2

KEEP IT CONCRETE

Use simple, direct language.

3

SLOW IT DOWN

Use fewer words and allow extra response time.

4

DON’T MISREAD IT

Confusion or disorganization ≠ defiance.

SECTION 3



Building Trust & Supporting Recovery

Autonomy, Collaboration, and Relationships that Support Healing

TRUST IS AN INTERVENTION

Trust is not something a client owes you before care can begin.

Reliability, predictability, honesty, and following through are clinical skills.





FIND THE SHARED GOAL

Your goal: medication adherence

Their goal: getting their apartment back

Shared goal: staying well enough to live independently

FIND THE SHARED GOAL

Your goal: reduce paranoia

Their goal: feel safe leaving the house

Shared goal: make daily life feel safer and more manageable



Autonomy Builds Trust

Small choices can matter a lot when someone has experienced coercion.

1

PEOPLE

Who’s in the room

2

SPACE

Where they sit

3

SUPPORT

Whether family is involved

4

TIMING

When to revisit the conversation

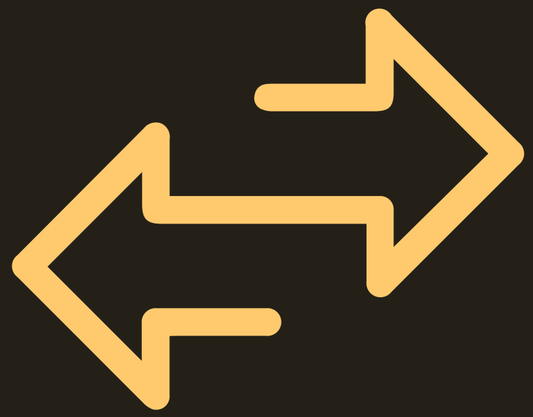
Be Predictable

Tell people what’s happening before it happens.



EXPLAIN

Say what’s happening before you do it.



SIGNAL CHANGES

Tell them who is entering and when plans shift.



FOLLOW THROUGH

Do what you said you would do.



Expertise Goes Both Ways

THE CLINICIAN KNOWS:

General psychosis patterns

Medications

Systems

THE CLIENT KNOWS:

Their internal world

Their history and triggers

Their priorities

What has and hasn’t helped



Neither form cancels out the other.

Meaning-Making Activities

A diagnosis doesn’t arrive in a vacuum.

People may need space to understand what psychosis—and the labels attached to it—mean in the context of their own life.

Creative expression can help people process and reclaim their story.





Peer Support

PEER SUPPORT CAN OFFER:

Connection with others who get it

Hope and role models for recovery

Practical strategies grounded in lived experience

Relationships that feel less hierarchical or clinical

A pathway to trust when one is wary of the system

Supporting Clients Through Psychosis

HUMANIZE BEFORE YOU MANAGE



See the person, not just the symptoms.



Earn trust through connection, not correction.



Support a meaningful life, not just symptom reduction.



Thank You for Participating!

Questions? Let me know!

Bring this work to your team.

Available for healthcare systems, behavioral health organizations, universities, nonprofits, and community programs.



BEING SEEN, NOT MANAGED



SUPPORTING CLIENTS THROUGH PSYCHOSIS



CRISIS DE-ESCALATION FROM LIVED EXPERIENCE



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