

Behavioural Resource Sheet: Hallucinations and Delusions

Illusions are misinterpretations of objects in the environment due to memory loss, vision loss, hearing loss, etc. (e.g., misinterpreting a coat rack for a person). It is important that this is not confused with psychosis.

Delusions are fixed beliefs that do not change in light of conflicting evidence.

Hallucinations are involuntary perceptual experiences (e.g., hearing, seeing) that occur without an external stimulus.

Imagine a person states, "Someone is watching me." Consider the possibilities. The person may have looked in the mirror above the sink and not recognized themselves (illusion.) They may believe a person is watching them, despite the absence of any evidence (delusion.) They may visually see an individual in their empty room (hallucination.) Finally, consider the possibility that someone is actually looking at them, and that the person is simply describing a true experience.

Possible Triggers:

- Delirium and/or medical cause—drug interaction, brain tumor, Acquired Brain Injury, pain, infection
- Mental Illness—Depression, Schizophrenia, Bipolar Disorder, stress, Lewy Body Dementia

Things to know...

- Consult a physician to assess as soon as possible.
- If behaviour becomes threatening or violent, the focus should be on safety for all involved. Hospitalization may be required.

In the moment...

- *The goal is to help the person feel safe.*
- Do not confirm or deny beliefs.
- Redirect attention to an activity or a soothing sensory experience.
- Remove unnecessary stimuli that may be contributing to the experience of hallucinations or delusions.

To prepare for next time...

- Remove any stimuli that may be reinforcing delusions and hallucinations (e.g., closing blinds to reduce shadows on the wall or dust in the air). It is also important to ensure that eye glasses and hearing aids are worn to improve the person's ability to perceive the environment accurately.
- Limit contact with other people (e.g., caregivers, visitors) that are particular triggers for psychosis.
- Create a quiet, calm, reassuring environment that brings comfort to the individual.

Other helpful tips...

- Respond to the feelings that are generated and then redirect to a calming activity, e.g., "It must be scary that you think people are out to harm you. Let's go for a walk, that usually feels better"
- Being touched by others may seem threatening. Be mindful of the person's non-verbal and verbal cues and only use reassuring touch when the person is comfortable with it.
- People who have suspicious or paranoid delusions do better in "one-on-one" situations, and in quiet, uncrowded areas. Be mindful that they may be sensitive to prolonged eye-contact.