8

Words that connect

Explore Chapter 8

This chapter uses realworld examples to
show how open, nonjudgmental, and prepared
communication helps
caregivers build crucial
trust and support loved
ones with schizophrenia
and substance use
disorders on their
recovery journey.



8.1
Current feelings and mental state



8.2 Substance use and triggers



8.3 Coping mechanisms



8.4 Future plans and hopes



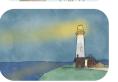
8.5 Medication adherence



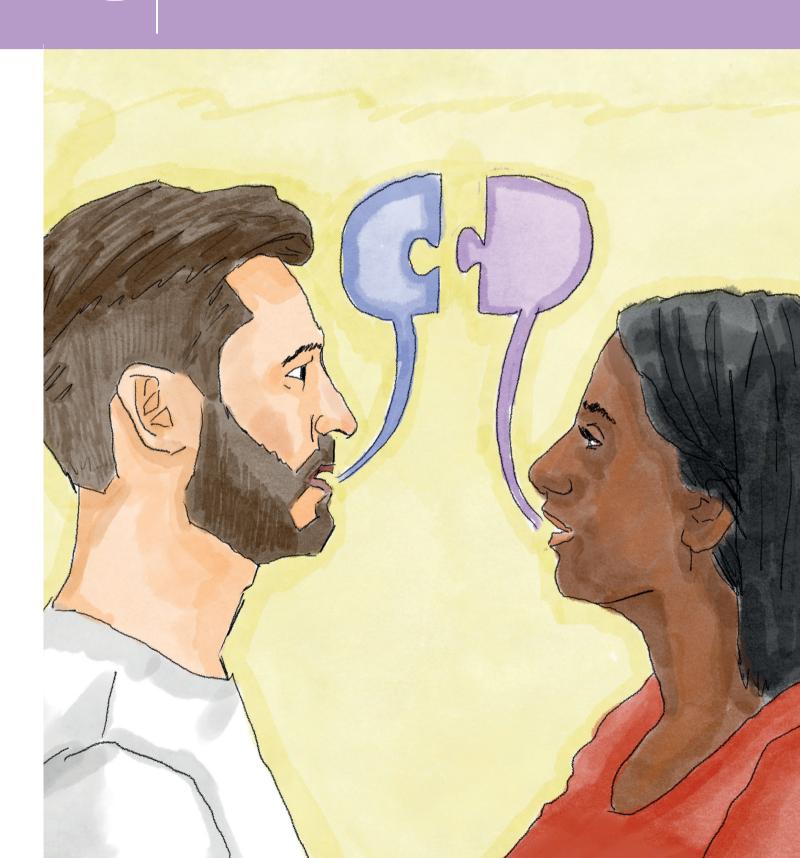
8.6Non-stigmatizing communication



8.7 Crisis intervention



8.8 Suicide risk assessment





Fast Facts

Open and supportive communication between caregivers and individuals with schizophrenia and substance use disorders is key to building trust, understanding, and treatment adherence.

When suggesting **alternative coping mechanisms**, it's important to focus on supportive, positive coping strategies tailored to each person's unique needs.

During a crisis, the situation should be approached carefully, being aware of immediate dangers, and having a clear, structured safety plan ready.

By choosing a **non-judgmental, encouraging dialogue**,
caregivers can better support their
loved ones on their recovery journey,
ultimately improving their quality of life.

8.1

Current feelings and mental state



When initiating a conversation with a person living with schizophrenia and substance use disorder about their current feelings and mental state, it is essential to create a safe and non-judgmental space.

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Encouraging OPEN DIALOGUE WITHOUT IMPOSING DIRECTIVES can help the

person feel comfortable expressing their thoughts and emotions.

Here are some suggestions on how you, as caregivers, can gently approach this topic:

EMPATHETIC AND OPEN-ENDED QUESTIONS

Asking open-ended questions **calmly, and non-intrusively** encourages your loved one to share their thoughts without feeling pressured.

These questions allow them to lead the conversation and focus on what is most important to them.

• Example:

"I've noticed you've seemed a bit quieter lately. How have you been feeling about things?"

ACTIVE LISTENING AND VALIDATION

As the person you're supporting expresses feelings, it's crucial to use active listening techniques.

This involves **paraphrasing** their words to show understanding, making them feel heard, and validating their emotions.

• Example:

"It sounds like things have been tough lately, and you're feeling overwhelmed. Is that right?"

Non-stigmatizing language

Avoid using terms that could carry a stigma or imply judgment. This is particularly important for individuals with schizophrenia and SUD, who often face social stigma. Use neutral language that focuses on behavior rather than identity.

• Example:

"I understand that sometimes things might feel out of control. Is there something in particular that's been on your mind?"

Give the person you're caring for control of the conversation

Allow the individual to guide the **pace of the discussion** and decide how much
they want to share. You can express
your **willingness to listen without pushing** them to talk about things
they may not be ready to discuss.

• Example:

"I'm here to listen whenever you feel like talking about what's going on."

Encourage reflection on daily life and coping mechanisms

Ask questions that **gently nudge** the individual to reflect on how their mental health is affecting daily activities, such as sleep, social interactions, or substance use. This can help them recognize the impact without feeling judged.

• Example:

"How have things been for you lately
- like with sleep or feeling like you're
keeping up with things you enjoy?"

Example conversation about current feelings and mental state

"I've noticed you've seemed a bit more withdrawn lately. How are things going for you?"

"I don't know...everything just feels like too much."

"It sounds overwhelming. Do you feel like talking about what's been weighing on you? I'm here to listen."

"It's just...I don't feel like I can control my thoughts."

"That sounds really hard. Has anything in particular been on your mind that you'd like to talk about?"

This kind of interaction gives the person the space to open up in their own time, with emphasis on empathy and non-judgment.

Substance use and triggers

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Discussing substance use and potential triggers with someone who has schizophrenia and a substance use disorder can be more effective when approached with compassion and a non-judgmental attitude.

Such an approach can create a safe environment where the person feels comfortable reflecting on their substance use and its impact on their mental health.

Open-ended questions about disorders connections

Open-ended questions can provide your loved one with an opportunity to share their experiences in a way that feels safe and free from judgment.

This technique, often used in motivational interviewing (MI), **encourages reflection and insight** about their thoughts and ambivalence around change.

• Example:

"Have you noticed how using [substance] seems to affect how you're feeling or behaving?"

These kinds of questions may help your loved one **draw connections** between their substance use and mental health, fostering self-awareness and insight.

Understanding triggers and patterns

Exploring triggers and patterns

can play an important role in dual schizophrenia care. Triggers often stem from stress, emotional challenges, or environmental factors. • Example:

"Are there times or situations when you feel more drawn to using? What seems to make things harder?"

This kind of dialogue can open up a chance to talk about **alternative coping strategies and ways to handle** those vulnerable moments.

Normalizing the experience without minimizing the problem

that normalize and validate one's experience can help ease feelings of shame or guilt. At the same time, it's important to make sure they know their struggles are taken seriously. Validation creates a safe, supportive space where they feel comfortable opening up.

• For example, you might say:

"A lot of people going through tough times turn to something to cope. I'd really like to hear about what you're going through and explore how we can work on it together." 1/3

Reflecting and summarizing to clarify

Reflecting on what your loved one shares can be a meaningful way to show empathy and ensure their experiences are understood. Summarizing their thoughts can also help bring clarity to the conversation and provide space for further reflection.

 For instance, acknowledging something like,

"It sounds like you feel calmer at first when you use, but later on, it makes things feel worse. Isn't that right?"

can help foster trust and mutual understanding.

This approach, often emphasized in trauma-informed care, can be especially helpful when supporting someone with complex mental health and substance use needs.

Gently exploring the consequences

Talking about how substance use might be affecting different aspects of life can be a thoughtful way to encourage reflection.

Asking about areas like sleep, mood, or relationships in a caring tone allows space for them to consider the impact without feeling judged.

For example,

wondering together about how substance use might interact with symptoms of schizophrenia,

such as hallucinations or delusions, could lead to deeper insights while keeping the conversation compassionate and open.

Examtple conversation about current feelings and mental state

"I was just wondering how things have been feeling for you lately. How are you doing?"

> "It's been up and down. Sometimes I just feel like everything's too much, you know?"

"That sounds really overwhelming. Do you feel like using help during those times, or does it make things harder?"

"At first, it makes things easier, like I can handle it. But later, everything just comes back, and sometimes it feels worse."

"I hear you. It sounds like it gives you some relief initially, but then things get more intense afterward. Is that right?"

"Yeah, I guess so. It's hard to manage sometimes, especially when I'm feeling stressed."

"I can only imagine. Are there times when it's harder to resist using, like when certain things are happening or you're feeling a certain way?"

"Definitely, especially when I'm stressed out or can't sleep."

"Thanks for sharing that. It's really helpful to understand when things feel most challenging. Maybe we can think of other ways to manage stress too, so it feels a little easier."

8.3

Coping mechanisms

When encouraging a person with schizophrenia and substance use disorder to consider alternative coping mechanisms, it's important to focus on positive, supportive approaches that are tailored to their specific needs.

Structured daily routine

Having a routine with consistent sleep, meals, and low-stress activities can create a sense of stability and calm. This structure not only helps reduce stress and improve mood but also makes it easier to manage symptoms and gradually lessen cravings. Over time, having a predictable rhythm to the day can provide a strong foundation for overall well-being.

Social support and peer groups

Getting involved in support groups, (such as, for example, those offered by NAMI (National Alliance on Mental Illness) or Narcotics Anonymous (NA)), can create opportunities to connect with others who understand similar challenges. These groups provide a safe environment to share experiences, explore coping strategies, and learn from others in a supportive space.

Creative outlets and physical activity

Spending time on creative activities like drawing, journaling, or music, or including light physical activities like walking or yoga, can offer **helpful ways** to **manage stress**. These kinds of

activities can improve mood, promote self-expression, and serve as positive alternatives for coping with challenges.

Developing emotional regulation skills

emotions can make a big difference, especially in tough situations. Techniques from Dialectical Behavior Therapy (DBT), for example, can help individuals recognize triggers, take a moment to pause, and explore alternative ways to respond. According to SAMHSA (Substance Abuse and Mental Health Services Administration) guidelines, these skills are especially valuable for those having both schizophrenia and substance use disorder, as they can support better emotional regulation and overall well-being.

Mindfulness and grounding techniques

Mindfulness exercises, such as deep breathing, progressive muscle relaxation, or guided imagery, may help in **handling stress and calming overwhelming emotions**.

Grounding techniques, like focusing on sensory details (e.g., noticing five things you can see), can also provide **a sense of stability** during difficult moments.

Example dialogue on the topic of coping mechanisms

"What usually helps you feel a little better when things get stressful or overwhelming? Have you tried any breathing exercises or activities you enjoy, like drawing or journaling?"

"Sometimes I'll write things down, but it doesn't always help."

"That's a good start. Maybe we could explore a few other things together, like mindfulness exercises or a daily routine that includes some calm moments for you. I'd be happy to try them with you if that helps."

These strategies can encourage people to find better ways to cope while building self-awareness and emotional strength in a supportive, judgment-free way.

Future plans and hopes



Initiating a conversation about goals and plans with someone facing both schizophrenia and substance use disorder can be a powerful way to support their journey.

Talking about their hopes and aspirations helps them feel a sense of purpose and control, making recovery feel more achievable.

Even **small steps** toward personal growth can be incredibly **motivating** and **empowering**.

Focusing on small, achievable steps

Talking about plans can feel easier when **big goals are broken down into small**, simple steps. This can make progress **feel more doable** and prevent feelings of stress or overwhelm.

For example, you might explore something simple together, like improving sleep or adding a small, enjoyable activity to their routine, as a way to **create positive change**.

Exploring personal values and interests

Having a conversation about what truly matters to them, like family, creative hobbies, or personal growth, can be a meaningful way to uncover what gives them hope and purpose. This might include reflecting on hobbies or activities they once enjoyed and considering ways to reconnect with those interests to improve well-being.

Change through motivational conversations

Using a method like motivational interviewing, which encourages **curiosity** and reflective listening, can help start gentle conversations about what they want to improve or change.

Asking open-ended questions about their hopes or what makes them feel more stable and comfortable **can support their own thinking without adding pressure**.

Helping to believe in the ability to make progress

Offering reassurance that even small steps forward are meaningful can be a way to show support. Telling them that you believe in their ability to work toward their goals, no matter how slowly, can be a powerful motivator.

• For example, you might say,

"I see the effort you're putting in, and I truly believe you can keep making progress, one small step at a time. If you ever need anything, we'll figure it out together."

Recognizing setbacks as part of the journey

Setbacks are a natural part of the process, and reminding them of
this can help reduce feelings of guilt or
frustration. Acknowledging that some
days will be harder than others, while
offering reassurance during those
times, can help keep their sense of
support and motivation strong.

You could say,

"It's okay if things don't always go smoothly - every effort you make matters, even on the tough days. We'll keep working through this together."

This can help build resilience and keep them motivated.

Example dialogue about plans and hopes

"When you think about the next few weeks or months, is there something you'd like to focus on improving? It could be something small, like finding a routine that works for you."

"I'd like to feel less anxious, maybe get a better handle on my sleep."

"That's a great goal. Feeling more rested could make a big difference. Are there any things that help you relax or feel calmer before bed?"

"Sometimes reading helps, but it doesn't always work."

"That's a good start. How about we try exploring a few other options together? We could also work on a plan that keeps building toward what you need to feel more comfortable."

This technique helps the person think about their own goals and what they want to achieve. It does this through supportive conversations that encourage them to express their thoughts and feelings, which can build hope and motivation.

Medication adherence



Discussing medication adherence with a person who has schizophrenia and a substance use disorder is important for effective symptom management and recovery.

If they are taking antipsychotic medications, **ask about any challenges** they face in following their treatment plan. **Listen to any concerns** about side effects or other issues they might have. This **understanding can help build trust** and make it easier for them to talk openly about any problems they're experiencing.

• Example:

"How has it been going with your medications? Are they helping, or have you had any concerns?"

Starting a conversation about medication experiences

Talking about medications

can be a helpful way to understand how someone feels about their current treatment plan, including any benefits or challenges.

Open-ended questions can create space for them to share their thoughts without feeling pressured.

 For example, you might say something like,

> "How have your medications been working for you? Are there any changes you've noticed or things you'd like to talk about?"

Acknowledging side effects and concerns

It's common for side effects to make medication feel harder to stick with, and **showing empathy** can create a sense of support.

· Sharing something like,

"I know medications can sometimes come with side effects that are tough to deal with. Have you noticed anything like that recently?"

can open the door to a more comfortable discussion.

Collaborating with healthcare providers

If there are any, **bringing up concerns about medications** with
a healthcare provider might help.

• Gently sharing the idea, such as,

"If something feels off about the medication, maybe it's worth mentioning to the doctor. Sometimes small adjustments can help,

can encourage collaboration without adding pressure.

Recognizing the challenges of dual disorders

Managing schizophrenia symptoms and medications, especially when dealing with other issues like substance use, can be tough. **Acknowledging how hard it is** can help someone feel understood and supported.

· You might say something like,

"I know it's not easy to handle everything at once. Is there anything I can do to make things a bit easier for you?"

This can create a supportive environment where they feel heard and cared for.

Routine-building strategies

Finding small ways to **build a routine around taking medications**might help with consistency.

Talking about ideas, like tying it to an existing habit, could make it feel more manageable.

For example, you might say,

"Sometimes it helps to link taking medications to something you already do, like brushing your teeth. Do you think that could work for you?"

Example dialogue about adherence to medication

"How have things been going with your medications? Are they helping you feel more stable, or are there any side effects bothering you?"

"They help sometimes, but I don't like how tired I feel all the time."

"That sounds frustrating. Maybe we could talk with your doctor about options that might reduce that tiredness. Sometimes there are adjustments that can make a difference."

"Yeah, maybe. I just don't want to feel so out of it all the time."

"That makes a lot of sense. It's really important for you to feel clear-headed and comfortable. I'll support you in finding an option that works better."

This approach encourages open and honest conversations about taking medication as prescribed. It involves talking about any side effects, working together with healthcare providers, and finding solutions that support the person's overall well-being.

8.6

Non-stigmatizing communication



Schizophrenia and substance use disorders can carry a lot of stigma, which often stops people from seeking help. 105

Starting conversations in a way that doesn't judge or shame can be really important for **building** trust and encouraging open communication.

Using neutral and supportive language, avoiding labels, and focusing on how they're feeling or what they're experiencing can make them more comfortable with getting help. This approach helps reduce feelings of shame and makes them more receptive to support.

Putting the person first

Language can make a big difference in how someone feels. Referring to them as a person first - like "a person with schizophrenia" or "someone facing substance use challenges" - can show respect and acknowledge their individuality rather than focusing solely on their condition.

Focusing on behaviors and feelings

Talking about specific behaviors or feelings instead of labels can make conversations feel more supportive. For example, sharing something like,

"I've noticed you seem worried about things lately. Do you feel like talking about it?

can create space for dialogue without making it about a diagnosis.

Choosing neutral, supportive language

Using neutral terms that describe what someone is experiencing can feel less judgmental.

• For example, saying

"using substances" instead of "abusing drugs"

keeps the focus on the situation rather than attaching negative connotations.

Showing empathy and understanding

Acknowledging their feelings, even with simple phrases like

> "That sounds really tough" or "I can see how that might feel overwhelming"

can help them feel heard and valued.

It's a way of showing that their struggles are valid without minimizing their experience.

Working together as a team

Using collaborative language, like

"How can we work on this together?" or "Let's see what might make this

feel more manageable" reinforces

the idea that they're not alone.

This shifts the focus to working together. empowering and building trust.

Example dialogue about nonstigmatizing communication

"I know things have been really challenging, and I'm here to support you in whatever way feels right. If you're comfortable, would you like to share how you've been feeling lately?"

> "Sometimes I feel like nobody understands. I hate feeling like I'm just seen as my diagnosis."

"That must feel isolating, and I understand that you're so much more than any diagnosis. Let's focus on what's going on for you day-to-day. What's been most on your mind lately?"

This approach helps the person feel seen beyond their diagnosis, which can build trust and encourage more open, positive interactions about their experiences and needs.

Crisis intervention

When someone with schizophrenia and a substance use disorder is in crisis, it's crucial to handle the situation with care and attention. You need to be aware of any immediate dangers and have a clear plan to keep them safe.

Developing a safety plan, identifying crisis triggers, and connecting them with **emergency contacts** can be life-saving. Involving family or friends can provide extra support.

After the crisis, regular check-ins and **ongoing care** are essential to ensure they stay safe and supported.

This approach has been proven to work well in emergency situations, like preventing suicide.

Collaborating on a safety plan

Creating a safety plan together can give the person a sense of empowerment and support.

This plan might include steps they can take if they ever feel overwhelmed - like reaching out to someone they trust, finding ways to make a safer environment, or using techniques that help them feel calm.

Recognizing triggers and early signs

Taking some time to explore what situations or feelings might lead to distress, such as increased anxiety or thoughts of selfharm, can help both of you understand when extra support might be needed. Talking openly about these signs can make them easier to recognize in the future.

Exploring coping strategies

Considering strategies they've found helpful before - like **grounding exercises**, deep breathing, or connecting with supportive people - can reinforce what already works for them. This can also be a way to introduce new ideas for coping that feel comfortable and manageable.

Including supportive people in the plan

If they're open to it, family members or close friends can play an important role in providing support. Letting these people know how they can help during tough moments can make everyone feel more connected and prepared.

Staying connected over time **Checking-in regularly**

can be a helpful way to see how things are going and adjust the plan as needed. These follow-ups can provide a sense of continuity and show that they're **not alone** in this process.

Example dialogue for initiating crisis intervention

"Let's come up with a plan together for when things start to feel difficult. We can include ways to recognize early signs, like feeling anxious or unsafe. How does that sound?"

> "I think that could help, especially if there's a way to remind me what to do."

"Absolutely! We can set up reminders and also add a few key contacts family, friends, or anyone you trust. We can also include coping strategies. Do you think reaching out to [a supportive person's name] would be helpful when you're feeling this way?"

This type of conversation creates a safe and collaborative space, helping the patient feel empowered and in control of their plan.

Suicide risk assessment

CHAPTER 8



When assessing suicide risk in individuals with both schizophrenia and substance use disorder, it's important to be sensitive and structured.

The goal is to understand the risk level, recognize protective factors, and plan effective ways to support them.

Encourage open, nonjudgmental dialogue

Starting with **open-ended questions helps create a safe space** where the person feels
comfortable sharing their thoughts.

A caregiver might say:

"Would you like to talk about what's been on your mind lately? Are there moments when things feel especially tough?"

This approach allows them to express difficult feelings without fear of judgment, making it **easier to discuss** suicidal thoughts and emotions.

Creating a safety plan when needed

For those at higher risk, having a safety plan can be a helpful tool. This plan might include:

- Emergency contact information
- Grounding techniques for moments of crisis
- A list of supportive friends or family members to reach out to

A well-thought safety plan provides reassurance and practical steps to follow when things feel difficult.

Offer regular check-ins and ongoing support

Checking in regularly after an initial suicide risk assessment can be important, especially for those with dual diagnoses. These follow-ups offer opportunities to reassess risk, adjust any necessary interventions, and continue providing support when needed.

A simple check-in can go a long way in offering continued support.

Suicide risk assessments shouldn't be a one-time event.

Looking Beyond Risk Levels

While understanding the risk level is crucial, it's also helpful to **explore other factors that can influence intervention planning**. These factors can be:

- Protective factors supportive relationships, coping skills, or personal strengths
- Current stressors recent losses, isolation, or struggles with daily life

Identifying these elements helps in creating a plan that meets the individual's specific needs.

Example conversation for suicide risk assessment

"I'd like to check in and see how things have been going for you. Sometimes, having a lot on our minds can feel overwhelming. Are there times lately when it's been difficult to manage things on your own?"

> "Sometimes, yeah. It's hard to explain. Some days are just really heavy."

"That sounds challenging. Let's talk about some things we can try when it feels that way. I'm here to help you find ways to get through those moments safely, and I'd like to support you in any way I can."

This kind of conversation creates a safe and open dialogue, helping the person feel heard and supported, which leads to a more effective assessment and intervention.

Communication Techniques

Use open-ended questions

This encourages the individual to **share more** about their feelings and experiences.

Questions that can be answered with a simple **"yes"** or **"no" should be avoided**.

• Example:

"Can you tell me more about what you're going through right now?"

Active listening

Repeat back or summarize what the person is saying to show that you are listening and understand.

This builds trust and cooperation.

• Example:

"It sounds like you're feeling really overwhelmed by everything.

Is that right?"

Non-stigmatizing language

Avoid judgmental terms. Use **neutral** language to discuss substance use and mental health symptoms to prevent the person from feeling criticized or ashamed.

Example:
 Instead of saying "Why do you keep using drugs?", try something like

"It seems like substance use has been part of what you're going through. Can you tell me more about how it affects you?"

Validate their experience

Validate their feelings and struggles without judgment, letting them know that **their experiences are**real and understandable.

• Example:

"I can see how hard this must be for you, and it makes sense that you're feeling this way."

Stay calm and patient

Schizophrenia can cause disorganized thinking, and substance use can increase confusion. Be patient and **don't rush the conversation**, allowing them the time to gather their thoughts.

Example:
 If they lose their train of thought, gently remind them about the discussion:

"You were telling me about how things have been difficult lately. Can you tell me more about that?"

Offer reassurance, not solutions

Sometimes, individuals are not ready for solutions and may just need someone to listen. **Offer comfort** and the **opportunity to talk** rather than trying to "fix" things immediately.

• Example:

"I'm here for you, and we can work through this together."

References:

- McGinty E, Pescosolido B, Kennedy-Hendricks A, Barry CL. Communication Strategies to Counter Stigma and Improve Mental Illness and Substance Use Disorder Policy. Psychiatric Services [Internet]. 2018 Feb;69(2):136–46. Available from: https://www.ncbi.nlm. nih.gov/pmc/articles/PMC5794622/
- Drake RE, Mercer-McFadden C, Mueser KT, McHugo GJ, Bond GR. Review of Integrated Mental Health and Substance Abuse Treatment for Patients With Dual Disorders. Schizophrenia Bulletin [Internet]. 1998 Jan 1;24(4):589–608. Available from: https:// academic.oup.com/schizophreniabulletin/ article-abstract/24/4/589/1929004
- 3. Phillips K. Mental Illness Is Not Anyone's Fault: A Review of NAMI, the National Alliance on Mental Illness. Journal of Consumer Health on the Internet [Internet]. 2020 Jan 2;24(1):75–81. Available from: https://pure.psu.edu/en/publications/mental-illness-is-not-anyones-fault-a-review-of-nami-the-national
- Baigent M. Managing patients with dual diagnosis in psychiatric practice. Current Opinion in Psychiatry [Internet]. 2012 May;25(3):201–5. Available from: https:// pubmed.ncbi.nlm.nih.gov/22449766/
- Schrank B, Hayward M, Stanghellini G, Davidson L. Hope in psychiatry. Advances in Psychiatric Treatment [Internet]. 2011 May;17(3):227–35. Available from: https:// www.cambridge.org/core/journals/ advances-in-psychiatric-treatment/ article/hope-in-psychiatry/324DF7F5 D18B4EC148DD21D5619F4BB4
- Perkins AJ, Khandker R, Overley A, Solid CA, Chekani F, Roberts A, et al. The impact of antipsychotic adherence on acute care utilization. BMC Psychiatry [Internet]. 2023 Jan 24;23(1). Available from: https:// pubmed.ncbi.nlm.nih.gov/36694142/
- 7. Arya Jayasree, Padmavathi
 Shanmuganathan, Ramamurthy P, None
 Alwar MC. Types of Medication Nonadherence & Approaches to Enhance
 Medication Adherence in Mental Health
 Disorders: A Narrative Review. Indian
 journal of psychological medicine [Internet].

- 2024 Mar 25;46(6). Available from: https://pubmed.ncbi.nlm.nih.gov/39545134/
- 8. Ahad A, Gonzalez M, Junquera P. Understanding and Addressing Mental Health Stigma Across Cultures for Improving Psychiatric Care: A Narrative Review. Cureus [Internet]. 2023 May 26;15(5):1–8. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10220277/
- Cassivi C, Sergerie-Richard S, Saint-Pierre B, Goulet M. Crisis Plans in Mental health: a Scoping Review. International Journal of Mental Health Nursing [Internet]. 2023 Apr 26;32(5). Available from: https://onlinelibrary. wiley.com/doi/full/10.1111/inm.13158
- Berardelli I, Rogante E, Sarubbi S, Erbuto D, Lester D, Pompili M. The Importance of Suicide Risk Formulation in Schizophrenia. Frontiers in Psychiatry [Internet]. 2021 Dec 16;12(12). Available from: https:// pubmed.ncbi.nlm.nih.gov/34975579/
- 11. Posner K, Buchanan J, Amira L, Yershova K, Lesser A, Goldstein E. Identification and screening of suicide risk. A Concise Guide to Understanding Suicide [Internet]. 2014 Sep 18 [cited 2025 Jul 18];17–32. Available from: https://psycnet.apa.org/record/2014-19111-003
- 12. Nompo RS. Therapeutic Communication in Schizophrenic Patients: A Systematic Literature Review. Scientia Psychiatrica [Internet]. 2023 Jul 10;4(3):405–9. Available from: http://www.scientiapsychiatrica.com/index.php/SciPsy/article/view/158