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An Overview of Schizophrenia and Psychosis

July 19, 2023



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Today's Event Host

Jornelle Blair, BS

COE-NF BEHAVIORAL SPECIALIST

Jornelle has worked in the behavioral health field for seven years. She is the Region 5 behavioral specialist and responsible for coordinating training for nursing facilities in Ohio, Indiana, Michigan, Illinois and Wisconsin.



Today's Presenter

Bryan G. Stephens, MA, MBA, CPCS, LPC

CEO, TALKFORWARD

Bryan is a licensed professional counselor and the founder and CEO of TalkForward, which provides psychotherapy and executive consulting services. Bryan has practiced in behavioral health for the past 30 years.

With 20 years of executive management experience, Bryan served as a chief executive officer in a public behavioral health agency, with over 450 employees and an annual budget of \$27 million.

A specialist in clinical supervision, Bryan began training therapists in small and large groups, while serving as Ethics Chair for the Board of the Licensed Professional Counselors Association of Georgia (LPCA). He currently serves as the President of LPCA which has over 8000 members.

Bryan has an Executive MBA from Kennesaw State University and both a master's and bachelor's degree in psychology.



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Objectives

- Participants will gain an understanding of schizophrenia and psychosis
- Participants will be able to recognize and understand signs and symptoms schizophrenia
- Participants will learn appropriate responses of engagement

Schizophrenia

- Schizophrenia is a serious mental disorder that affects how a person thinks, feels, and behaves.
- Classified as a Thought Disorder
- Life-long disorder
- Most common onset is usually in late teens or early 20s
 - Males tend to have a younger onset
 - Women have a secondary onset in middle age around menopause
 - **Late life onset is uncommon and psychosis in late life usually has other causes**

What is Psychosis

National Institute of Mental Health (NIMH) Defines Psychosis as:

Psychosis refers to a collection of symptoms that affect the mind, where there has been some loss of contact with reality. During an episode of psychosis, a person's thoughts and perceptions are disrupted and they may have difficulty recognizing what is real and what is not.

Who Develops Psychosis?

Psychosis is a symptom of schizophrenia, but not all people with psychosis have schizophrenia.

Psychosis often begins in young adulthood when a person is in their late teens to mid-20s. However, people can experience a psychotic episode at younger and older ages and as a part of many disorders and illnesses. **For instance, older adults with neurological disorders may be at higher risk for psychosis.**

For older adults, psychotic symptoms can be part of a physical or mental illness that emerges later in life. **Psychosis can also be a symptom of some diseases of older age, including Parkinson's disease, Alzheimer's disease, and related dementias.**

-National Institute of Mental Health

Symptoms of Schizophrenia

- **Positive symptoms**

- Hallucinations
- Delusions
- Disordered thoughts

- **Negative symptoms**

- Flat affect (immobile facial expression, monotonous voice)
- Diminished ability to initiate and sustain planned activity
- Speaking infrequently, even when forced to interact

- **Cognitive symptoms**

- Poor ability to absorb and interpret information and make decisions based on that information
- Inability to sustain attention
- Difficulty remembering and following instructions

Observable Behaviors Seen in Nursing Facilities

- Appears to be responding to hallucinations
 - Talks to self due to hearing voices
 - Appears to be listening to someone else during conversations
 - Staring intensely into empty space
 - Responding to odors that are not present
- Hyper focused on details
- Unable to process normal social cues

Observable Behaviors Seen in Nursing Facilities (cont.)

- Disorganized speech and/or behavior
- Unable or slow to process information or instructions
- Inability to provide historical information
- May appear paranoid
- Can behave in unpredictable ways

Ways to Support Residents Experiencing Symptoms

- Be patient
- Speak slowly with clear instructions
- Do not make multiple requests
- Avoid confrontation
 - Do not deny hallucinations
 - Do not deny delusions
 - Go with the perceived reality when possible, while ensuring safety first
- Assure the resident that he or she is safe
- Listen to what the resident is saying

Treatment of Schizophrenia

A full assessment from an MD is needed when residents show signs of psychosis. The MD may order such things as:

- Antipsychotic medications in the short term or for ongoing care
- Test to rule out other medical conditions
- Treatment of other medical conditions may clear psychosis (e.g. UTI)

Note on Use of Atypical Antipsychotics

It is important to note that medications labeled atypical antipsychotic are often used for treatment of things **other** than psychosis. A client taking one of these medications may not have schizophrenia or any other illness that causes psychosis. We cannot assume any diagnosis by the use of these medications.

Non-pharmacological Interventions

Non-pharmacological interventions can be used to improve the resident's activities of daily living.

Psychosocial Interventions:

- Social skills training
- Coping skills
- Coaching (problem & symptom focused interventions)
- Talk therapy (cognitive behavioral therapy)

What You Can Do Today

Educate

- Train your assessment team on proper schizophrenia diagnostic criteria (Physicians, Nurses, Social Workers)
- Train staff at all levels on the signs, symptoms and supportive responses when working with residents with a schizophrenia diagnosis.

Psychiatric care

- Ensure that residents with a diagnosis of schizophrenia get the appropriate level of counseling and psychiatric care in your facility.

Interdisciplinary Team

- Ensure that resident's treatment and symptoms are communicated with staff at all levels.

What You Can Do Today

Assess the stimuli in the nursing facility environment

- Residents with a diagnosis of schizophrenia will benefit from a predictable routine and a calm, stable environment.

Therapeutic activities

- Encourage activities that promote mental stimulation, social interaction, and emotional well-being.
 - These may include art therapy, music therapy, cognitive exercises, or group activities.
 - Tailor the activities to the resident's skills, needs, abilities and preferences (person centered care)
 - Ensure the choices are a part of the resident's care plan

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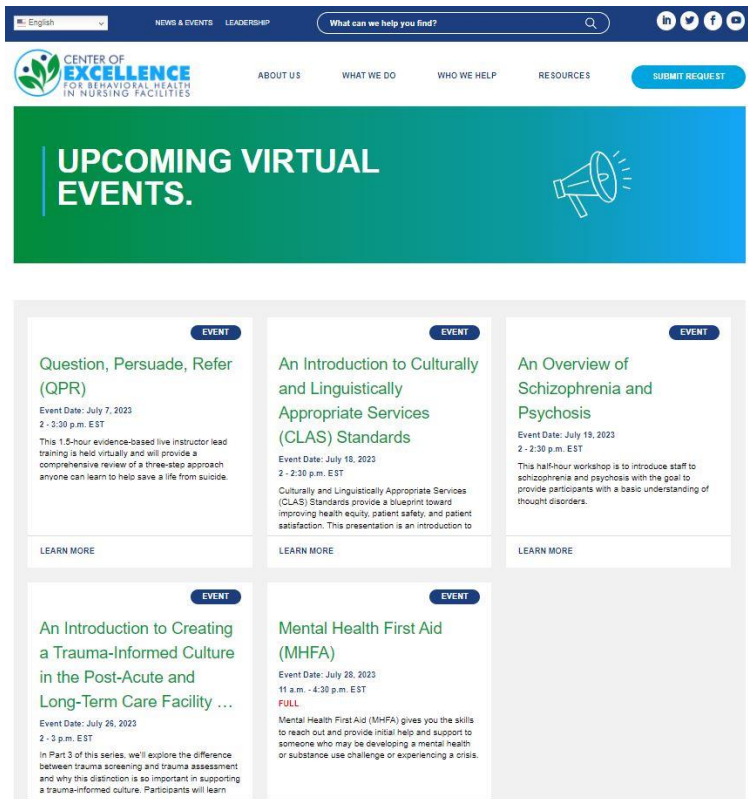
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Visit the website:

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References

- [National Institute of Mental Health https://www.nimh.nih.gov/health/publications/understanding-psychosis#:~:text=Psychosis%20often%20begins%20in%20young,at%20higher%20risk%20for%20psychosis.](https://www.nimh.nih.gov/health/publications/understanding-psychosis#:~:text=Psychosis%20often%20begins%20in%20young,at%20higher%20risk%20for%20psychosis.)

Thank You!

