



Beyond Medication: Managing Schizophrenia and Psychosis in Long-Term Care

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I have no financial conflicts of interest to disclose.

What are Schizophrenia and Psychosis?

- Delusions
- Hallucinations
- Disorganized thinking (speech)
- Grossly disorganized or abnormal motor behavior
- Negative symptoms
- Cognitive deficits



Why is Psychosis so Disabling?

- In the US, psychosis is the most costly chronic condition to treat per individual, even exceeding cardiovascular illness and diabetes.
- Associated with poorer quality of life and on average up to 28 years less life expectancy.
- Four times greater risk of early institutionalization compared to those with no mental illness.
- 50% of individuals continue to experience persistent psychotic symptoms despite adequate medication management.

What Causes Psychosis?

- Poor integration and balance of right and left-hemisphere processing
- Changes in important neurochemicals
- Combination of genetic and environmental causes
- Substance/Medication
- Medical/Other Mental Disorders
- General population



Where to Start?

- APA first suggests antipsychotic treatment, CBTp, and psychoeducation.
- Often the case that core presenting symptoms reflect exacerbation of psychological, perceptual, or behavioral processes that were present long before functional impact.
- Helpful to view psychosis on a continuum, from psychosis-like experiences among the general population to psychosis in severe mental illness.
- We approach psychosis based on the sufferer's insight.
- Only address distressing and distracting symptoms.

How does Psychotherapy work?

- The therapeutic relationship itself or therapeutic alliance may be the most powerful curative agent.
- The client's level of insight into their psychosis will complicate this relationship.
- A stance of gentle curiosity and respect is a corrective experience in and of itself, as this stance is implicitly normalizing, destigmatizing, and validating.

Psychotherapy for Psychosis

- Cognitive-Behavioral Therapy
- Mindfulness
- Behavioral Activation
- Psychoeducation
- Risk Management



Helpful Approaches

- Use active listening and validation
- Be flexible and compassionate
- Provide reality-testing if appropriate
- Encourage healthy coping behavior
- Address comorbidities and plan for relapse
- Multidisciplinary approach: Administration, Primary Care Provider, Nursing, Mental Health, Social Work, Clergy, Family, Community Supports, Court if under involuntary commitment, etc.

What Not to Do

- Take a challenging stance or tone
- Try to convince, lecture, or argue
- Impart your values/goals
- Avoid the resident
- Become overly involved or enmeshed

References

- American Psychiatric Association. (2002). *American Psychiatric Association practice guidelines for the treatment of psychiatric disorders. Compendium 2002*. The Association.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., pp. 87–122, 655–656). American Psychiatric Association.
- Andrews, A. O., Bartels, S. J., Xie, H., & Peacock, W. J. (2009). Increased risk of nursing home admission among middle aged and older adults with schizophrenia. *The American Journal of Geriatric Psychiatry : Official Journal of the American Association for Geriatric Psychiatry*, 17(8), 697–705. <https://doi.org/10.1097/JGP.0b013e3181aad59d>
- Cozolino, L. J. (2017). *The neuroscience of psychotherapy : Healing the social brain* (pp. 31–40, 111–113). W. W. Norton & Company, Copyright.
- National Institute of Mental Health. (n.d.). *Schizophrenia*. National Institute of Mental Health (NIMH). https://www.nimh.nih.gov/health/statistics/schizophrenia#part_154880
- Wright, N. P. (2014). *Treating psychosis : A clinician's guide to integrating acceptance & commitment therapy, compassion-focused therapy, and mindfulness approaches within the cognitive behavioral therapy tradition*. New Harbinger Publications, Inc.