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

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What are Schizophrenia and Psychosis?

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



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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



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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.

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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



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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.

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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

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