Schizophrenia and Psychotic Disorders

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Stuart Stress Adaptation Model

Predisposing Factors
- Biological
- Psychological
- Environmental
- Sociocultural

Precipitating Stressors
- Biological
- Symptom triggers

Appraisal of Stressor

Coping Resources
- Withdrawal
- Projection
- Regression
- Denial
- Constructive
- Destructive

Coping Mechanisms

Continuum of Neurobiological Responses

Adaptive responses
- Logical thought
- Accurate perception
- Emotions consistent with experience
- Appropriate behavior
- Social relatedness

Maladaptive responses
- Occasional distorted thought
- Illusions
- Emotional overreaction or underreaction
- Odd or unusual behavior
- Withdrawal

- Thought disorder/delusions
- Hallucinations
- Difficulty processing emotions
- Disorganized behavior
- Social isolation
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Core Symptom Clusters in Schizophrenia

**POSITIVE SYMPTOMS:**
- Delusions
- Hallucinations
- Thought disorder
- Disorganized speech
- Bizarre behavior
- Inappropriate affect

**NEGATIVE SYMPTOMS:**
- Affective flattening
- Alogia
- Avolition/apathy
- Anhedonia/asociality
- Attentional deficit

**SOCIAL/ OCCUPATIONAL DYSFUNCTION:**
- Work/activity
- Interpersonal relationships
- Self-care
- Mortality/morbidity

**COGNITIVE SYMPTOMS:**
- Attention
- Memory
- Executive functions: abstraction, concept formation, problem solving, decision making

**MOOD SYMPTOMS:**
- Dysphoria
- Suicidality
- Hopelessness
Coping Mechanisms

“In active psychosis, there are unconscious defense mechanisms for frightening experiences.

“Regression

“Projection

“Withdrawal

“Patients and families often express initial denial related to diagnosis
Primary NANDA-I Nursing Diagnoses

“Impaired verbal communication”
“Disturbed sensory perception”
“Impaired social interaction”
“Disturbed thought processes”
Interventions in Crisis and Acute Stages

“Early diagnosis and treatment are critical
“Constantly observe and monitor health, behavior, attitudes
“Restore adaptive neurobiological responses
“Patient safety most important during crisis and acute phases: 9%-13% of patients with schizophrenia commit suicide, 20%-40% attempt suicide
Managing Delusions

“Carefully question the facts and their meaning without reinforcing the delusion.

“When the intensity of the delusion lessons, discuss the situation when the patient is ready – They may see that it is not true.

“Entire treatment team should consistently follow an intervention plan that may promote activities for distraction.”
Hallucinations

“Approximately 70% of hallucinations are auditory; 20% visual; remaining 10% gustatory, tactile, olfactory, kinesthetic, or cenesthetic.”

“Therapeutic nursing interventions involve understanding characteristics of hallucinations, related anxiety levels.”
Hallucinations are very real to person

If person left alone to sort out reality without input of trusted health care providers, symptoms may overwhelm available coping resources

May help develop reality-testing skills by communicating right at the time of hallucinations
Command Hallucinations

“Potentially dangerous because they tell patient to take specific action, e.g., to kill oneself or harm another

“Fear caused by these often frightening hallucinations also can lead to dangerous behaviors, e.g., jumping from window
Basic Principles for Nursing Care During Hallucinations

- Maintain eye contact
- Speak simply in slightly louder voice than usual
- Call patient by name
- Use touch (with patient’s permission)—sensory validation may help to override abnormal sensory processes in brain
- Maintain eye contact
Basic Principles for Nursing Care During Hallucinations

“Traditional interventions often focus on isolating patient, but intense sensory confusion in isolation may reinforce psychosis.

“Isolation is not recommended except for safety of the patient or others.”
Nursing Care During Hallucinations

“Establish trusting, interpersonal relationship, assess for symptoms of hallucinations

“Focus on symptoms, ask patient to describe experience

“Help patient manage hallucinations

“Identify whether drugs or alcohol were used
Nursing Care During Hallucinations

- If patient asks, reply that you are not experiencing same stimuli
- Suggest/reinforce relationships
- Help patient identify unmet needs
- Determine daily impact of symptoms
- Recognize triggers, management strategies
Psychopharmacology

Major part of treatment for maladaptive neurobiological responses

Medications include typical and atypical antipsychotics

Antianxiety medications are also used for anxiety related to psychosis
References