

Non-pharmacological Interventions for Psychotic Symptoms due to Schizophrenia and Other Psychotic Disorders

July 29, 2025



Host



Nikki Harris, MA, CBHC-BS

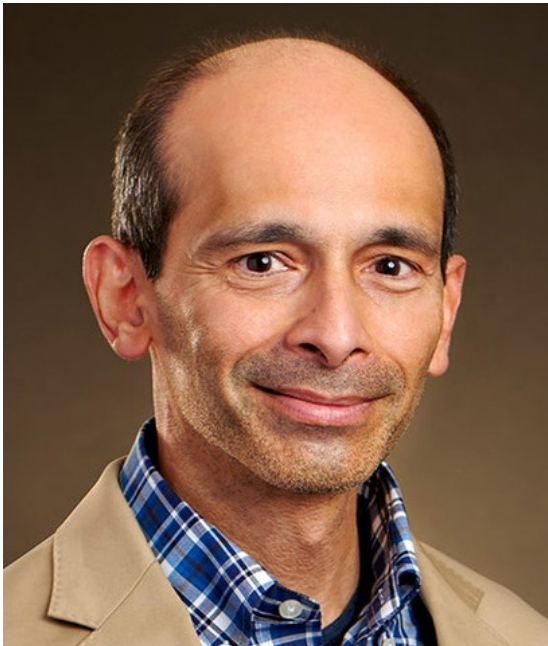
Training and Education Lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.

Presenter



Dr. Abhilash Desai

Medical Director
Idaho Memory & Aging Center

Adjunct Associate Professor
University of Washington School of Medicine

Dr. Desai is a board-certified geriatric psychiatrist, medical director of Idaho Memory & Aging Center, P.L.L.C., and an adjunct associate professor in the Department of Psychiatry at University of Washington School of Medicine.

He is the co-author (along with his mentor Dr. George Grossberg, a national and international leader in Geriatric Psychiatry) of the book *Psychiatric Consultation in Long-term Care: A guide for healthcare professionals*, 2nd Edition published by Cambridge University Press in 2017.

His practice focuses on helping individuals with serious mental illness and their family members live the best life possible in all care settings – home, long-term care, hospital and hospice. He has been in practice for 24 years.

Presenter



David Brog, LNHA, MHA

Chief Executive Officer
Syringa Chalet

David Brog is the chief executive officer of Syringa Chalet, a specialized facility within the Idaho Department of Health and Welfare, dedicated to providing care for geriatric residents with severe mental health needs. As a highly experienced leader in the post-acute care sector, David oversees the day-to-day operations of the facility while also planning for its strategic growth and long-term success. His career spans multiple states, where he has successfully managed and consulted for post-acute care facilities, focusing on leadership development, quality improvement, and strategic growth initiatives. David's journey began in environmental services, which sparked his passion for the post-acute space.

Financial Disclosures

- Dr. Desai receives royalties from Cambridge University Press for my book (co-author George Grossberg MD) titled **Psychiatric Consultation in Long-Term Care: A Guide for Healthcare Professionals. 2nd Edition. 2017.**
- Dr. Desai has no other relevant financial relationships to disclose.
- David Brog has no relevant financial relationships to disclose.

Learning Objectives



1. Identify at least two evidence-based non-pharmacological interventions to treat schizophrenia and other psychotic disorders



2. Discuss de-escalation strategies to improve safety of a resident who is agitated due to a psychotic disorder

Psychotic Symptoms based on DSM-5-TR

Delusions

Hallucinations

Catatonia

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revised (DSM-5-TR). 2023. American Psychiatric Publishing.

Non-Pharmacological Interventions

Any and all interventions that are implemented as part of a **person-centered** care plan to treat a mental health disorder in order to improve **safety, reduce emotional distress, improve daily functioning and quality of life.**

Desai and Grossberg. Chapter 6: Psychotic disorders and violence. *Psychiatric consultation in long-term care. A guide for healthcare professionals*. 2nd Edition. Cambridge University Press 2017.

Non-Pharmacological Interventions

Non-pharmacological interventions are **trauma-informed interventions** that are **individualized, strengths-based and target psychological, social, lifestyle, spiritual and behavioral domains.**

Desai and Grossberg. Chapter 6: Psychotic disorders and violence. *Psychiatric consultation in long-term care. A guide for healthcare professionals*. 2nd Edition. Cambridge University Press 2017.

Basic Principles of Non-Pharmacological Interventions

Respect

Compassion

Understanding

Desai and Grossberg. Chapter 6: Psychotic disorders and violence. *Psychiatric consultation in long-term care. A guide for healthcare professionals*. 2nd Edition. Cambridge University Press 2017.

Basic Principles of Non-Pharmacological Interventions

Interventions tailored to the underlying causative factors



Education and counseling



Family / Support system education and guidance

Kyomen and Whitfield. Psychosis in the elderly. American Journal of Psychiatry 2009.

Underlying Cause Addressed Non-Pharmacologically

Physical health factors: example – dehydration causing psychotic symptoms addressed by encouraging adequate fluid intake



Psychological factors: example – distorted and negative thoughts addressed by individual counseling such as cognitive behavioral therapy for psychosis

Desai and Grossberg. Chapter 6: Psychotic disorders and violence. *Psychiatric consultation in long-term care. A guide for healthcare professionals*. 2nd Edition. Cambridge University Press 2017.

Underlying Cause Addressed Non-Pharmacologically

- Social factors: example – loneliness and social isolation addressed by increasing social interactions with family and nursing home team
- Spiritual factors: example – lack of purpose and meaningful rituals addressed by helping the resident find purpose in daily living and engage in meaningful rituals.

Desai and Grossberg. Chapter 6: Psychotic disorders and violence. *Psychiatric consultation in long-term care. A guide for healthcare professionals*. 2nd Edition. Cambridge University Press 2017.

Other Non-Pharmacological Interventions

Support groups

Case management

Peer-support and Peer-specialist

Physical environmental modifications

Staff education and training

Kyomen and Whitfield. Psychosis in the elderly. American Journal of Psychiatry 2009.

Staff Education and Training



Communication techniques



De-escalation strategies

Desai and Grossberg. Chapter 6: Psychotic disorders and violence. *Psychiatric consultation in long-term care. A guide for healthcare professionals*. 2nd Edition. Cambridge University Press 2017.

Case 1: Delusions

Resident got angry and got into my face and told me that someone stole her shirt. I began to explain to her that all the clothes were taken out of the laundry basket, and she put that shirt back in the basket. Resident began to get even more angry with me. This whole time the resident was in my face.

Case 2: Hallucinations

Resident reported that she saw people entering her room at night and were walking through the wall. Resident was upset that there were children under her bed. They were giggling and making faces.

Case 3: Catatonic behaviors

Resident sat for an hour taking a shoe off, then putting it back on, and continued to mime these movements even when the shoe was taken away. Occasionally, he would stand up, yell and charge across the room, several times running into the wall at full speed and falling down.

Case 4: Intervention based on underlying cause

Ms. B is a 70-year-old resident of a nursing home. She is a retired nurse. Physical therapist (white) was assisting with meal pass. Ms. B approached the nurse and stated “she did not want that man following her around anymore because it was a crime what he was doing.” Ms. B was extremely agitated and said that what he was doing “is against the law. He is assaulting women. I can get him in big trouble for it.”

Practice Tip: TADA Approach

Tolerate Anticipate Don't Agitate



Geriatrician Dr. Joseph Flaherty created this approach to manage delirium.

Three key approaches and strategies to avoid



Taking things personally



Arguing



Insisting on reality

Documentation Requirements

Staff document details of non-pharmacological interventions implemented and their effectiveness and share them with the physician / advanced practice providers (especially in pharmacological interventions need to be initiated).

Nonpharmacological Interventions for Nursing Home Residents

Enhancing Quality of Life Without Medication



Why Non-Pharmacological Interventions?

Risks of
pharmacologic
treatments: side
effects, interactions,
overuse

Focus on person-
centered care and
quality of life

New regulations
focus more heavily
on medications

American Geriatrics Society (2021).

Categories of Interventions



Cognitive



Physical



Emotional/psychosocial



Environmental



Sensory



Recreational/engagement



Staff Education

Cognitive Stimulation

- Group sessions: memory, language, orientation



Activities such as puzzles, memory games, conversations about historical events

Evidence: Spector, A. et al. (2003).

Reminiscence Therapy

- Recalling past events with photos, music, storytelling
- Reduces depression, improves mood



Chiang, K. J. et al. (2010)

Physical Activity Programs



Chodzko-Zajko et al. (2009)

- Chair yoga, tai chi, walking groups
- Incorporate physical therapy with activities
- Improves mobility, reduces fall risk, enhances mood

Music Therapy

- Reduces agitation
- Improves mood and engagement
- Personalized playlists

van der Steen, J. T. et al. (2018)



Pet Therapy / Animal-Assisted Therapy



- Emotional bonding and comfort
- Reduced loneliness and anxiety

Cherniack & Cherniack (2014)

Sensory Stimulation

- Aromatherapy, tactile stimulation (e.g., weighted blankets)
- Benefits include calming, sleep regulation



Lin, P. W. et al. (2007)

Environmental Modifications



- Natural light, calming colors, reduced noise
- Familiar, homelike settings
- Personal space and safe place to de-escalate

Day, K. et al. (2000)

Social and Recreational Engagement

- Group games, crafts, gardening, dance
- Group therapy
- Prevents isolation, builds community

Cohen-Mansfield, J. et al. (2010)



Staff Training and Interdisciplinary Approach

- Consistent, trained caregiving teams
- Communication strategies, understanding preferences
- Educate staff on knowing when to disengage.
- Staff attitudes affect the residents.

Kusmaul, N. (2015)

Staff Training and Interdisciplinary Approach

Consistent, trained caregiving teams



Communication strategies, understanding preferences



Educate staff on knowing when to disengage



Staff attitudes affect the residents

Case Study/Practical Application



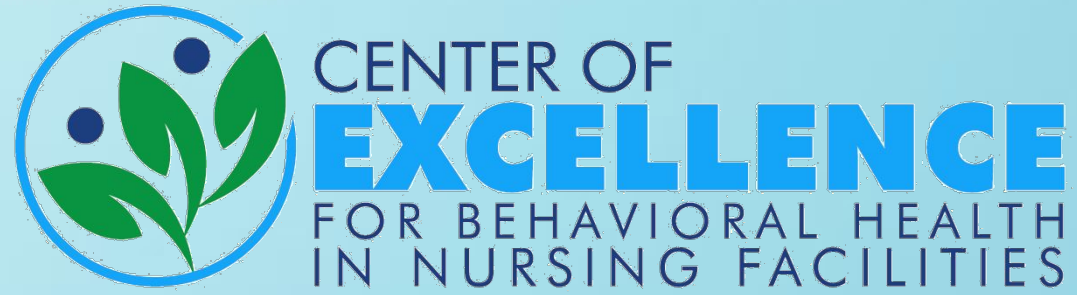
Example: Resident with schizophrenia



Behaviors: responding to internal stimuli and delusions about individuals stealing items.



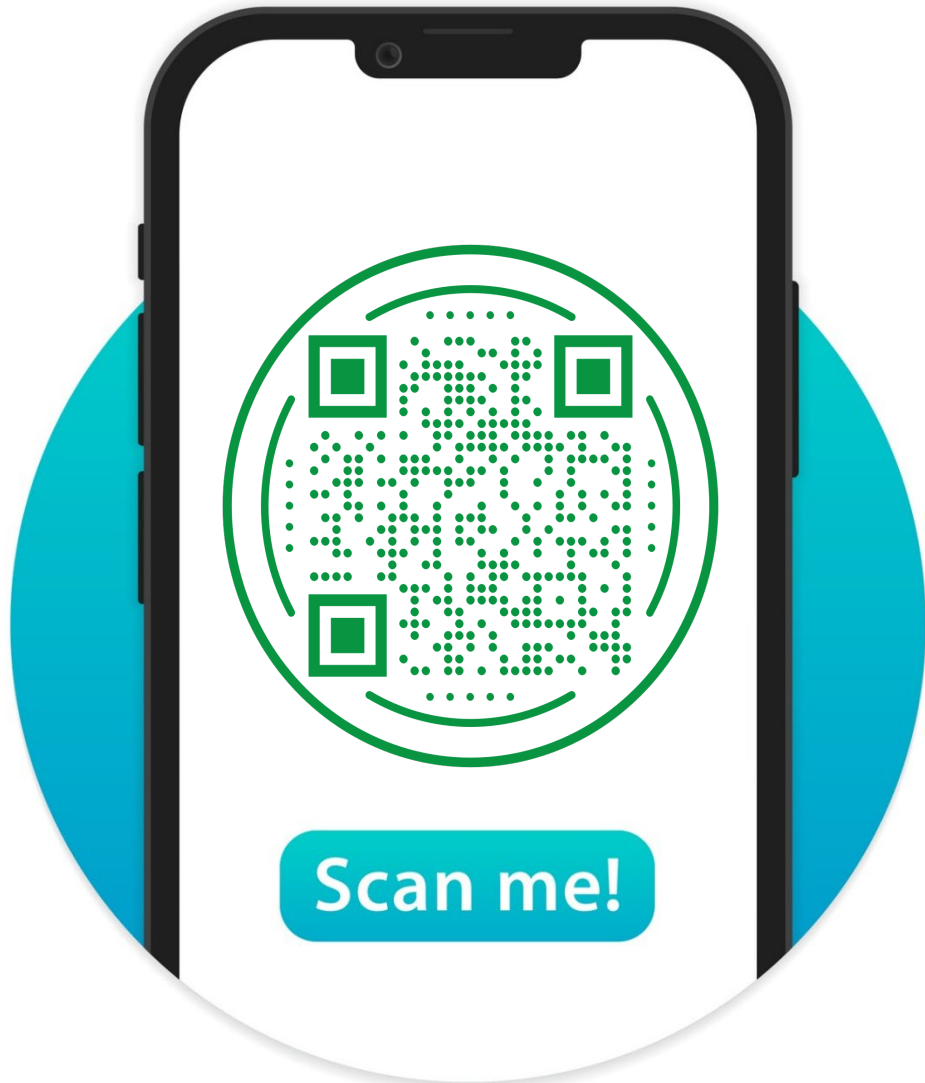
Interventions: Music, cabinet locks, arts and crafts, etc.



Questions?



Request Assistance



To submit a request for assistance,
scan the QR code.

We look forward to assisting you!

Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

How to Submit a Request

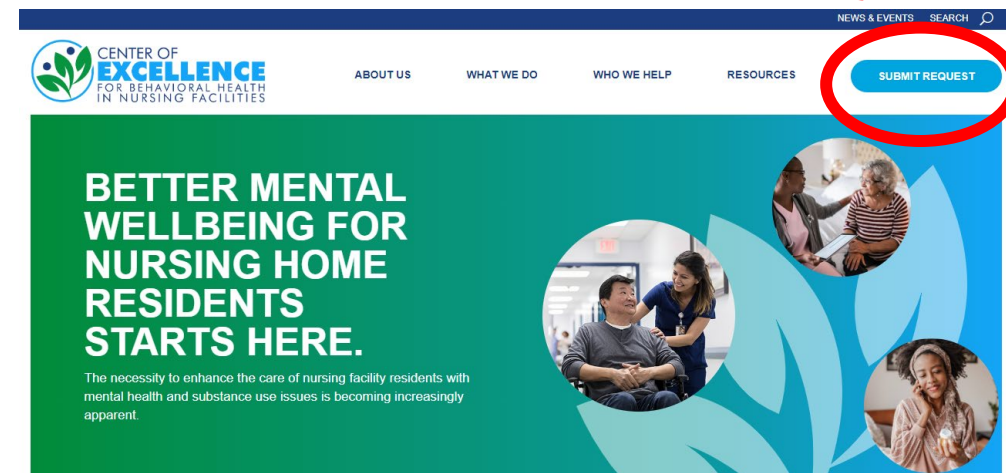
Dedicated Website

- Online form where nursing facilities can submit consultation requests
- Include CCN number and full facility name
- Online requests are responded to within **48 hours**
- <https://nursinghomebehavioralhealth.org/request-assistance>

COE-NF Voicemail Box: (844) 314-1433

- Messages will be responded to within **two (2) business days**

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Visit the website:

nursinghomebehavioralhealth.org

Thank You!



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