CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Understanding Schizophrenia and Psychosis: Clinical Clues and Communication Tools

Abhilash Desai, MD
Jennifer Goodpaster, BS, RN
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Host

Nikki Harris, MA, CBHC-BS

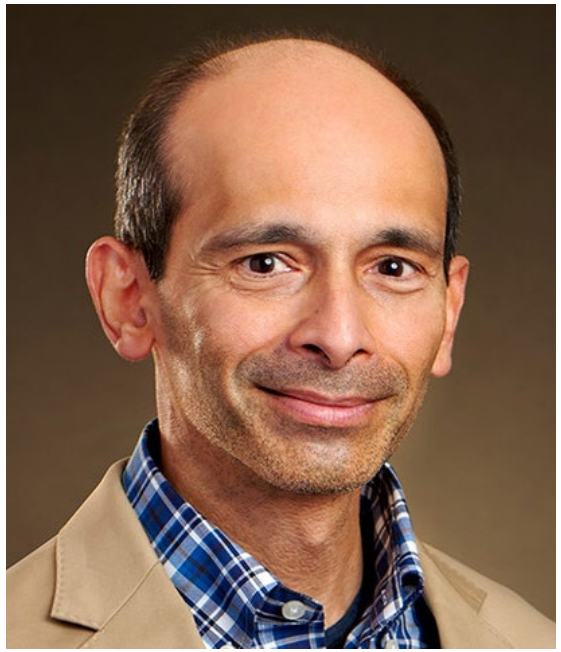
Training and Education Lead

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 including home, long-term care, hospital and hospice. He has been in practice for 24 years.

Presenter

Jennifer Goodpaster, BS RN DNS-CT QCP CPHQ
COE-NF Program Manager

Jennifer is the program manager for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF), where she helps equip staff with training and resources to support residents with mental health and substance use conditions.

As an experienced nurse, manager, and leader with a strong background in long-term care, she specializes in the MDS/RAI process, quality improvement, direct resident care, and Medicare/managed care.

She has previously served as a continuous quality improvement advisor and director of nursing, working closely with interdisciplinary teams to improve care delivery.

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.

- Jennifer has no relevant financial relationships to disclose.

Learning Objectives

1. Describe two key psychotic symptoms commonly seen in schizophrenia and other psychotic disorders.

2. Discuss the use of SBAR to communicate assessment findings to the physician and advanced practice providers (APP).

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.

Prevalence of Psychotic Symptoms in Nursing Home Populations

- Psychotic disorders are the **third most common reversible** cause of disability and increased mortality (after major depression and delirium) in nursing home population.

- Delusions and hallucinations **are prevalent** in nursing home population.

- Catatonia is **uncommon** in nursing home residents.

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.

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Psychotic Symptoms: Delusions

False unshakeable beliefs that are not in keeping with the person's cultural beliefs.

- Paranoid, bizarre, grandiose themes
- Transient vs. persistent
- Simple vs. systematic, well-formed, and well-organized

Example Of Delusional Statements: Nurses Report

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.

Psychotic Symptoms: Hallucinations

Sensory experience in the **absence of an outside stimulus.**

- Any sensory modalities
- Visual hallucinations **most common** type in nursing home population
- Pleasant vs. distressing
- Transient vs. persistent
- Simple vs. complex

Example Of Hallucinations: Nurses Report

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.

Illusion

Sensory experience that is **misinterpreted** (e.g., seeing a rope as a snake).

It is **not considered** a psychotic symptom.

Psychotic Symptom: Catatonic Behavior

Catatonic behavior is a **marked decrease** in reactivity to the environment. This can range from **resistance** to instructions (negativism) to maintaining a **rigid and inappropriate posture** to complete **lack of verbal or motor response** (mutism).

It also includes **purposeless and excessive motor activity** without obvious cause (catatonic excitement).

Example of Catatonic Behavior: Nurses Report

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.

Why Take Psychotic Symptoms Seriously?

Severe emotional distress

Danger to self (e.g., suicide, not eating or drinking)

Danger to others (e.g., physical aggression)

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

Conditions That May Cause Delusions, Hallucinations and/or Catatonic Symptoms

Medical / Neurological – Psychotic disorder due to medical condition

Psychiatric – other disorders with psychotic symptoms

Substance-induced psychotic disorder

Marder and Cannon. Schizophrenia. NEJM 2019.

Medical/Neurological Conditions

Delirium

Dementia-related psychosis

Parkinson's disease psychosis

Other medical / neurological condition causing psychotic disorder (e.g., autoimmune disorders, celiac disease, brain tumor)

Psychiatric Conditions

Bipolar disorder with psychotic symptoms

Major depression with psychotic symptoms

Diagnostic Overshadowing

Diagnostic overshadowing is **misattribution of symptoms** to pre-existing diagnosis. For example, a person with schizophrenia has been stable for several months, now develops **delirium related to acute infection**.

Psychotic symptoms due to **delirium are misattributed to schizophrenia** and the resident **does not get prompt** appropriate evaluation and treatment.

SBAR: Situation-Background-Assessment-Recommendation

S	**Situation**	**What is the situation you are calling about?** • Identify self, resident, room number • Briefly state the problem, what is it, when it happened or started, and how severe.
B	**Background**	**Pertinent background information related to the situation could include the following:** • The admitting diagnosis and date of admission • List of current medications, allergies, and labs • Most recent vital signs • Lab results: provide the date and time test was done and results of previous tests for comparison • Other clinical information
A	**Assessment**	**What is the nurse's assessment of the situation?**
R	**Recommendation**	**What is the nurse's recommendation or what does he/she want?** Examples: • Resident needs to be seen now • Order change

Case Scenario

Ms. B is a 70-year-old resident of a nursing home. She is a retired nurse. Ms. B has Parkinson's disease, and recently her Parkinson's disease medication was increased.

Physical therapist was assisting with meal pass. Ms. B approached the nurse and said, "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, "What he is doing is against the law. He is assaulting women. I can get him in big trouble for it." This has been going on for several months.

It was mild initially, and in the last few weeks, it worsened. It is accompanied by visual hallucinations that children are entering her room and walking through the walls. She is also experiencing increased urinary incontinence.

SBAR: Situation-Background-Assessment-Recommendation

S	**Situation**	**What is the situation you are calling about?** • This is Julie at Sunny Valley. I am calling you about Mrs. B. in room 207. • Ms. B is a 70-year-old nursing home resident with a diagnosis of Parkinson's disease. She is currently exhibiting increased agitation and accusatory behavior toward a staff member, stating that he is "following her around," "committing a crime," and "assaulting women."
B	**Background**	**Pertinent background information related to the situation could include the following:** • Ms. B is a retired nurse with a history of Parkinson's disease. Her Parkinson's medication was recently increased. Over the past several months, she has experienced mild symptoms of paranoia, which have recently intensified.
A	**Assessment**	**What is the nurse's assessment of the situation?** • Ms. B's agitation and accusatory behavior have escalated. She is experiencing visual hallucinations, such as seeing children walking through walls and entering her room. There is also a noted increase in episodes of incontinence. These changes may be linked to medication adjustments or progression of her neurological condition.
R	**Recommendation**	**What is the nurse's recommendation or what does he/she want?**

Case Scenario

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 stated that what he was doing “is against the law. He is assaulting women. I can get him in big trouble for it.”

This is a chronic problem that fluctuates in severity, accompanied by PTSD symptoms and history of Ms. B having been physically abused by her ex-husband who was white.

SBAR: Situation-Background-Assessment-Recommendation

S	**Situation**	**What is the situation you are calling about?** • This is Julie at Sunny Valley. I am calling you about Mrs. B. in room 207. • Ms. B is a 70-year-old female resident of a nursing home. Today, she approached a nurse, visibly agitated, and expressed distress about a physical therapist assisting with the meal pass, stating, "she did not want that man following her around anymore because it was a crime what he was doing." She further claimed, "he is assaulting women" and that she could "get him in big trouble."
B	**Background**	**Pertinent background information related to the situation could include the following:** • Ms. B is a retired nurse with a history of PTSD related to past physical abuse by her ex-husband, who was white. This is a chronic behavioral pattern that fluctuates in severity, especially when triggered by interactions with white male staff members.
A	**Assessment**	**What is the nurse's assessment of the situation?** • Ms. B is exhibiting paranoid and accusatory behavior, likely related to PTSD triggers and her trauma history. Her agitation appears to be situationally triggered and not new in onset. No physical altercation occurred, but her emotional distress was significant and may impact her sense of safety and trust in the care environment.
R	**Recommendation**	**What is the nurse's recommendation or what does he/she want?**

Case Scenario

Ms. P is an 83-year-old resident of a nursing home. She has a history of schizophrenia.

During evening medication pass, resident said, "I have a complaint. When I went out with my family, another resident was controlling me and making me shake a lot. She was going table to table, and I could hear the other people trying to get rid of her. She even talked to the workers." Nurse asked her if the resident was out on pass with her, and she responded, "No, it's crazy, but her mind controls my mind and I don't know what to do!"

Nurse reassured resident that we are here to help her and that I would let providers to know to see if there is anything that can be done to help her.

SBAR: Situation-Background-Assessment-Recommendation

S	**Situation**	**What is the situation you are calling about?** • This is Julie at Sunny Valley. I am calling you about Ms. P in room 305. • Ms. P is an 83-year-old female. During evening medication pass, the resident said, "I have a complaint. When I went out with my family, another resident was controlling me and making me shake a lot. She was going from table to table, and I could hear the other people trying to get rid of her. She even talked to the workers." I asked her if said resident was out on pass with her, and she responded, "No, it's crazy but her mind controls my mind and I don't know what to do!"
B	**Background**	**Pertinent background information related to the situation could include the following:** • Ms. P has a history of schizophrenia diagnosed in her early 20's. She has been stable on her current medications for quite some time.
A	**Assessment**	**What is the nurse's assessment of the situation?** Resident is alert, but disorganized in thought. Oriented to person and place. Speech is coherent, but the content indicates possible delusional thinking. Appears anxious and troubled. No evidence of hallucinations observed. Denies physical pain or injury. Vital signs within normal limits.
R	**Recommendation**	**What is the nurse's recommendation or what does he/she want?**

SBAR – applied to this case

- Describe Ms. B's **situation** to the physician / APP
- Provide Ms. B's **background**
- Share your **assessment**
- Give your **recommendations** to the physician/APP

Workup

Laboratory tests: CBC, CMP, TSH, B12, D, Magnesium, CRP

Urine drug screen in some cases

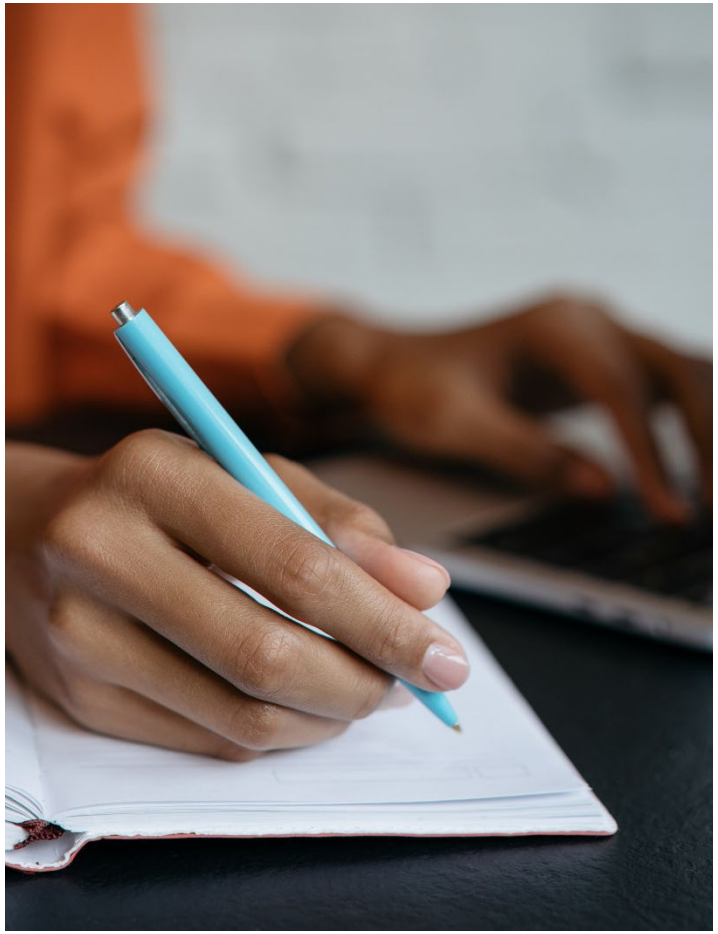
Neuroimaging: MRI preferred over CT scan if neuroimaging indicated

Neuropsychological testing may help early accurate diagnosis of dementia

Treatment Plan

- Person-centered treatment plan for the diagnosis of psychotic disorder.
- Done in collaboration with the resident, their family/ support system, and clinical care team (nurse, social worker, physician, APP, and when necessary, a mental healthcare professional).

Documentation Requirements



Physician/APP documents details including:

- Symptoms, severity, duration, onset, mental status exam,
- Observations by staff and family,
- Review of past records,
- Diagnostic workup as necessary that support a DSM 5 TR diagnosis of a psychotic disorder, and
- Recommended person-centered treatment plan that begins with non-pharmacological interventions.

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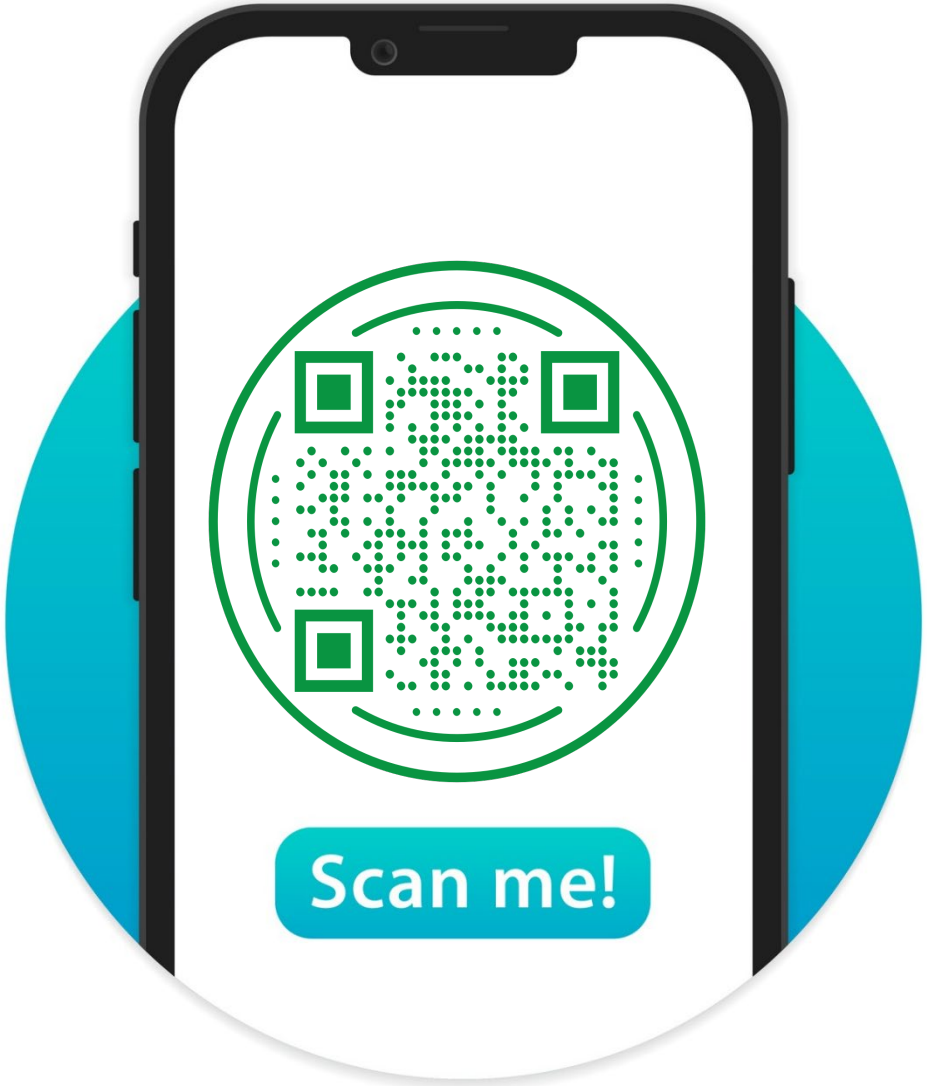
Questions?

Request Assistance



<u>To submit a request for assistance, scan the QR code</u>.

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

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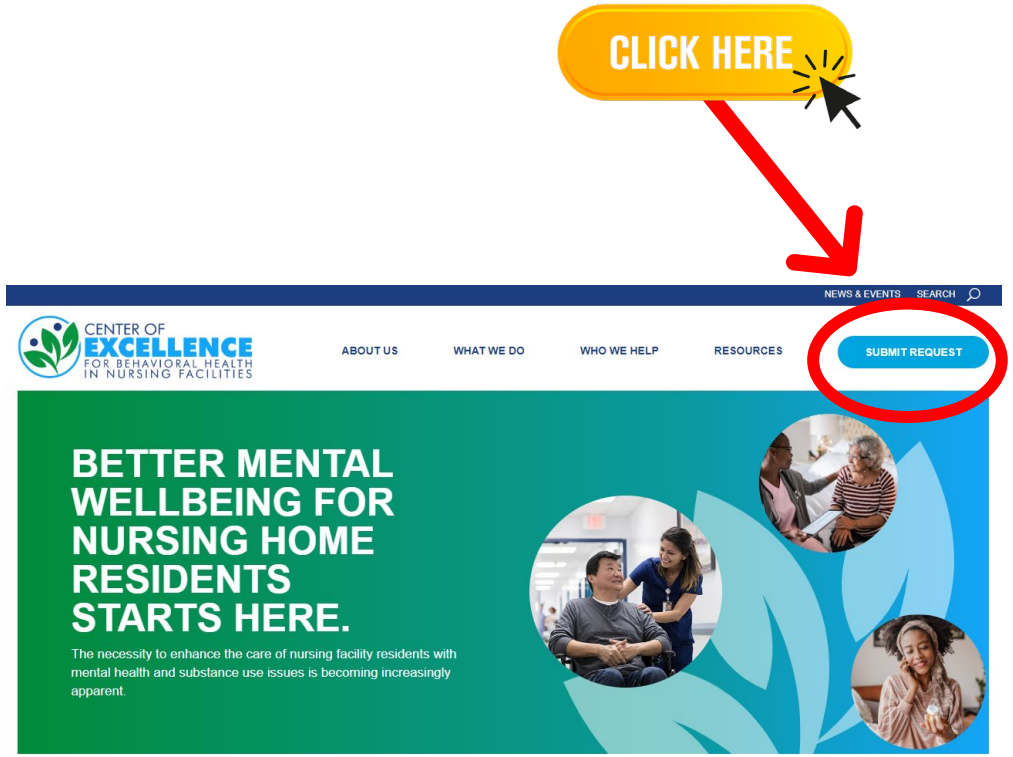
How to Submit a Request

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 **2 business days**

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Monthly Newsletter

- Shares behavioral health resources
- Provides nursing facility behavioral health regulatory updates
- Announces upcoming training opportunities

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- YouTube: www.youtube.com/channel/UCgnRi9EFB9rXApnIUwS09sw

Text Messaging Platform

- Enables nursing facility staff to receive COE-NF updates on their smartphone

SCAN ME

Scan QR code to sign up for the COE-NF newsletter.

Thank You!

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