4 Schizophrenia

Patient name: _____ **Admission:** _____

DATE | NRS INITIAL

I. The client/caregiver can define schizophrenia.

A. It is a psychosis characterized by withdrawal from reality.
B. There is deterioration in mental functioning.
C. The onset is usually before age 45.
D. Symptoms are continuous for 6 months or more.
E. There may be exacerbations and remissions, but the condition is life-long.

II. The client/caregiver can list five types of schizophrenia.

A. Disorganized (hallucinations and delusions, incoherent, and inappropriate affect)
B. Catatonic (sudden excitement followed by stupor or posturing)
C. Paranoid (preoccupation with delusion, suspicion, anxiety, and anger)
D. Residual (partial remission of symptoms)
E. Undifferentiated (symptoms of various types)

III. The client/caregiver can recognize symptoms of schizophrenia from three categories.

A. Positive symptoms are unusual thoughts or perceptions.
   1. Hallucinations (sensory experiences that others do not perceive), which can be auditory (hear), visual (see), tactile (touch), olfactory (smell), or gustatory (taste).
   2. Delusions (false beliefs that cannot be changed by logical reasoning)
   3. Thought disorders (unusual thought processes)—garbled speech, inventing new words, rhyming, or repeating what others say
   4. Disorders of movement, which can include uncoordinated movements or involuntary movements or mannerisms

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B. Negative symptoms show as a loss or decrease in the ability to plan, speak, express emotion, or find pleasure in everyday life.
   1. Flat affect or expression and monotonous voice
   2. Lack of pleasure in everyday life
   3. Diminished ability to plan, initiate, or sustain any activity. Basic hygiene and care are often neglected.
   4. Rarely speaking, even when pressured to interact
C. Cognitive symptoms are problems with attention, types of memory, and executive functions that enable to plan and organize.
   1. Poor "executive functioning" leads to inability to absorb and interpret information.
   2. There is an inability to sustain attention.
   3. There are problems with "working memory" or inability to recall recently learned information.

IV. The caregiver can list measures in communicating and caring for a person with schizophrenia.

A. Promote getting and maintaining treatment.
   1. Clients often resist treatment.
   2. Family or friends need to be prepared to take action to keep client safe if crisis occurs.
   3. If client stops therapy or medication, he or she may be unable to care for their basic needs for food, clothing, and shelter.
B. Promote a trusting relationship.
   1. Treat the client with respect and honesty.
   2. Explain carefully what is to be done before it happens.
   3. Speak directly and simply.

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C. Promote self-esteem.
   1. Reinforce the client's strengths and skills.
   2. Encourage client's sense of self-control.
   3. Encourage any interests or talents.
   4. Encourage independence.

D. Promote reality orientation.
   1. Orient the client to time, person, and place as needed.
   2. Avoid confirming delusions and hallucinations, but do not argue with the client.
   3. Attempt to redirect from a hallucination or delusion to a reality situation.

E. Encourage socialization.

V. The client can list measures to manage disease.

A. Continue counseling with health professional.
B. Continue medications as instructed.
C. Use community supports and resources.

RESOURCES

National Institute of Mental Health
www.nimh.nih.gov/healthinformation/schizophreniamenu.cfm

National Institute of Mental Health—Public Information and Communications Branch
866-615-NIMH (6464)
www.nimh.nih.gov

Support groups

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