



...Developing top-notch CNAs, one inservice at a time

A Disease Process Module for Nurse Aides:

# Understanding Schizophrenia



*Developing Top-Notch CNAs, One Inservice at a Time*



*A Disease Process Module:*

## **UNDERSTANDING SCHIZOPHRENIA**

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

## **Instructions for the Learner**

***If you are studying the inservice on your own, please do the following:***

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask \_\_\_\_\_.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to \_\_\_\_\_ no later than \_\_\_\_\_. Show your Inservice Club Membership Card to \_\_\_\_\_ so that it can be initialed.
- Email In the Know at [feedback@knowingmore.com](mailto:feedback@knowingmore.com) with your comments and/or suggestions for improving this inservice.

**After finishing this inservice, you will be able to:**

*Describe three different types of schizophrenia.*



*Discuss care of the client with hallucinations, delusions, apathy, and withdrawal.*



*Describe treatment options for people with schizophrenia.*



*List the side effects of antipsychotic medications and describe how to help a client experiencing these side effects.*



*Describe caregiver burnout and how to avoid it.*

**THANK YOU!**



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## A Disease Process Module: Understanding Schizophrenia

### LIVING IN THE NIGHTMARE

Recall the most frightening nightmare you've ever had. Whether you are running, falling, being chased, or being harmed . . . you're frightened beyond belief and your brain makes you think you are really in danger.

You wake up sweating and breathing hard with a racing heart and a confused mind.

You try to focus on the room around you. You struggle to separate the dream from what is real. Eventually, your mind clears and you can tell yourself it was just a dream. You're lucky.

The person with schizophrenia lives in the nightmare *all day long*.

Often misunderstood, schizophrenia IS NOT a disease of multiple personalities.

Schizophrenia is a complicated disease of the mind that distorts the way the person experiences the world. The disease makes it difficult to tell the difference between what's real and what is imagined. And, the person has problems thinking logically and behaving appropriately.

There are about 3.2 million people living with schizophrenia in the U.S. and, around the world, there are 1.5 million new cases every year.

Doctors are not exactly sure what causes schizophrenia but research is pointing toward a combination of genetics and environmental triggers.

There is currently no cure for schizophrenia, but there are medications and therapy that can help with the symptoms.



Because it is not well understood, even medical professionals can be confused and sometimes fearful about caring for clients with schizophrenia.

Keep reading to learn exactly what schizophrenia is—and what it is not! You will find out how it is diagnosed, treated, and managed over a lifetime.

This information may help you better understand clients with schizophrenia and help lift the stigma and fear associated with this disease.

## WHAT EXACTLY IS SCHIZOPHRENIA?

The term schizophrenia literally means “split mind.” It’s not a very good name for the disease and is probably the reason why many people think schizophrenia involves a split personality or multiple personalities.

A better term for this complicated disease would be psychosis, (pronounced sigh-KO-sis).

- **PSYCHOSIS** is a loss of contact with reality, usually including false ideas about personal identity (delusions) and seeing or hearing things that aren't there (hallucinations).

Schizophrenia occurs equally as often in males as in females and generally develops in the late teens or early twenties.

The symptoms of schizophrenia can be chronic or can occur in episodes. Some people always experience some degree of psychosis, while others have episodes of “normal behavior.”

Symptoms are said to be *positive*, *negative*, or *cognitive*. Positive symptoms include hallucinations and delusions. Negative symptoms are depression and withdrawal. And, cognitive symptoms are disturbed thought and speech patterns.

There are a number of types of schizophrenia. Here are just a few:

- **PARANOID SCHIZOPHRENIA:** These people are very suspicious of others and often fear that someone or something is “out to get them.” Hallucinations and delusions are prominent.
- **DISORGANIZED SCHIZOPHRENIA:** These clients have speech that is often difficult to understand. They may use nonsense words or speak in sentences that have no apparent meaning. They also may have moods and emotions that are not appropriate to the situation. Hallucinations are not usually present.
- **CATATONIC SCHIZOPHRENIA:** The person is extremely withdrawn, negative and isolated.
- **SCHIZOAFFECTIVE DISORDER:** This is a combination of schizophrenia with a mood disorder such as major depression or bipolar disorder.

Since the symptoms of schizophrenia vary so widely from person to person, it is impossible to paint a single picture of what schizophrenia looks like. Each client will have a unique experience with the disease.

### THE HISTORY OF SCHIZOPHRENIA

The term “schizophrenia” is fairly new . . . only about 100 years old.

However, descriptions of schizophrenia can be found in Egyptian texts as far back as 2000BC.

Originally it was thought that the symptoms were caused by demons. The treatment involved exorcisms!

Later, treatment involved isolation and placement in asylums.

Around the 1700s, researchers began to better understand the illness and named it 'Dementia Praecox' or early dementia.

The first drugs to treat schizophrenia became available in the 1950s.

***“If you talk to God, you are praying. If God talks to you, you have schizophrenia!”***

***~Thomas S. Szasz,  
Hungarian psychiatrist***

# WHAT'S NEW?

Grab your favorite highlighter! As you read through this in-service, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



## POSITIVE AND NEGATIVE SYMPTOMS

### POSITIVE SYMPTOMS

The positive symptoms of schizophrenia are the ones that are usually the most disturbing. They appear early in the disease and often alert the client, family, or friends that it is time to reach out and seek help.

Positive symptoms include:

- **HALLUCINATIONS:** Hallucinations involve seeing, hearing, smelling, tasting, or feeling things that are not really there.
- **DELUSIONS:** This is a false belief that often cannot be corrected by reasoning with the person.

An example of a delusion may be that the client believes he is an important religious figure and is responsible for saving the world from destruction.

- **ALTERED SPEECH:** Schizophrenic clients may be difficult to understand, sometimes seeming to speak an entirely different language. Some may even make up their own words; these are called *neologisms*.

Other alterations in speech include *echolalia* (repeating everything you say), rhyming, and *word salad* (a jumbled mix of words and phrases that have no apparent meaning to the listener).

*In the year 1911, Eugen Bleuler gave "schizophrenia" its current name and split the symptoms into "positive" and "negative."*

### NEGATIVE SYMPTOMS

The negative symptoms of schizophrenia may seem less disturbing but actually may be more destructive. Negative symptoms tend to last longer and are less responsive to medications.

Negative symptoms include:

- **FLAT AFFECT:** A person with a flat affect does not show any emotion in facial expressions, body language, or tone of voice.
- **APATHY:** Apathy involves a lack of energy combined with a lack of concern for anything. This person may neglect personal hygiene, fail to eat or drink, avoid work or school, and literally have no energy.
- **WITHDRAWAL AND ISOLATION:** This is when the person shuts out the outside world. There is little or no involvement in social groups; intimate relationships are difficult or impossible; and the person spends a great deal of time completely alone.



**Think of a time when you cared for a client who had schizophrenia or some form of psychosis. . .**

- What symptoms did you notice?
- Were your client's symptoms positive, negative, or both?
- What kinds of things did you do to help?
- What could you have done differently?
- Share your ideas with your supervisor and co-workers!

## MORE ON DELUSIONS AND HALLUCINATIONS

### HANDLING HALLUCINATIONS

Most commonly, hallucinations involve seeing or hearing things that are not really there.

Sometimes, the client will know the mind is playing tricks and will be able to ignore the hallucination. Other times, the hallucination can be so strong it seems more real than the real world.

- Gently remind the person that the hallucination is not real by saying things like, *“There is no one in the room except you and me.”* Or, *“I don’t hear anyone else speaking right now.”*

Sometimes people with schizophrenia will hear voices that tell them to do things. If the client understands this is a hallucination, it will be easier to resist doing what the voices ask.

An **auditory command** is the most dangerous hallucination because it can be hard for the person to resist. This is when the client hears a command to do something destructive or violent like commit suicide or assault another person.

Notify the nurse immediately if a client tells you he has been commanded to do something dangerous. This is an emergency situation!



### DEALING WITH DELUSIONS

A delusion is a false belief. The most common delusions involve a feeling of persecution or the delusion of grandeur.

The **Feeling of Persecution** is when the person says things like, *“The CIA is out to get me.”* Or, *“They’re trying to kill me.”*

The **Delusion of Grandeur** is when the person believes he is an important and powerful figure like someone from the Bible. These people may falsely believe God is controlling their thoughts and that the fate of the world rests on their shoulders.

- Always be open, honest and calm when responding to clients with delusions. Speak in a matter-of-fact tone. Do not tease or mock.
  - Keep the conversation based in reality but avoid arguing about the content of the delusion.
  - It’s okay to ask about the delusion to get more information but avoid feeding into it or letting the client think you believe it to be true.
  - If the client is obsessing or dwelling on a delusion, try to change the subject. It also may be helpful to divert the client’s attention to another activity.

### CONTINUITY OF CARE

People with schizophrenia have much better outcomes when they have the same caregiver(s) on a regular basis.

Change is hard for most people but can be *devastating* for the schizophrenic client. That’s why having a familiar caregiver makes such a big difference.

You can be that familiar caregiver. You can be the one person on whom your schizophrenia client can count.

Become a creature of habit. Arrive at the same time every day. Say familiar things and perform tasks in a predictable manner.

**Consistency matters!**

***“After I took my meds, I heard voices of both men and women. They were telling me to hit myself. I was scared.”***

***~Scott, a young man with schizophrenia***

## HOW IS SCHIZOPHRENIA DIAGNOSED?

There is no blood test or brain scan that can be done to confirm that a person has schizophrenia. Although brain images can show certain patterns of damage, this is usually present after *years* of suffering.

To make a diagnosis, doctors will look for two (or more) of the following symptoms to be present for *at least* one month:

- Delusions.
- Hallucinations.
- Disorganized speech.
- Negative symptoms (flat affect, isolation, apathy).

However, a combination of these symptoms alone does not always mean the person definitely has schizophrenia. There are other reasons the person may be experiencing these symptoms, including:

- Brain tumors or brain swelling.
- Alzheimer's Disease or dementia.
- Drug abuse.

### THE LATEST RESEARCH

Recent research into schizophrenia revealed the disease may be caused by a “traffic jam” in the brain.

Researchers learned that a certain protein is needed in the brain to help form networks or “roadways” that allow information to flow between the neurons. When there is not enough of the protein present, the roadways do not get built.

Without the roadways, information gets stuck—like rush hour traffic all getting diverted into one lane.

When this happens, information takes much longer to travel to its destination and sometimes may never even arrive at all.

This is an important discovery that may lead to a better way to diagnose and treat this serious disease.



### PHASES OF SCHIZOPHRENIA

**ACUTE PHASE** — This is a period of intense psychotic symptoms such as hallucinations, delusions, paranoia, and confused thinking.

**STABILIZATION PHASE** — This is when the client may continue to experience mild symptoms but responds well to medication and therapy.

**MAINTENANCE PHASE** — This is the long-term recovery phase. During this phase, the client will continue to take medication but will also work on learning skills for daily living, and may participate in counseling and vocational and social rehabilitation.



**DID YOU KNOW?**

***A relaxed and positive setting with easy social interaction during meals helps improve nutritional intake for clients with schizophrenia.***

- How do you provide a relaxed and positive atmosphere for mealtimes?
- Have you considered playing music, inviting the client's friends or family, or having a picnic?
- ***Share your creative ideas!***

***“Schizophrenia cannot be understood without understanding despair.”***

***~ R. D. Laing, Scottish psychiatrist***

## HOW IS SCHIZOPHRENIA TREATED?

### MEDICATION

Medications that treat schizophrenia are called antipsychotics (pronounced an-TI-sigh-kot-icks). Most people respond well to these medications but some do not respond at all.



Some older medications that have been around since the 1950s are Thorazine and Haldol. Newer medications, which are more common these days include Zyprexa, Respiradol, and Abilify.

Medications are usually in pill form but some people may get them in the form of a shot once or twice a month.

Typically, antipsychotic medications begin relieving symptoms of schizophrenia within a few days. However, the client has to take the medication *every day* in order for it to be effective. If the person stops taking the medication, or only takes it occasionally, the symptoms will return.

It's common for people to want to stop taking the medication when they feel better.

Remind your client the medication must be taken as prescribed in order to be effective.



### COGNITIVE BEHAVIORAL THERAPY (CBT)

In addition to medication, most clients with schizophrenia will participate in some sort of behavioral therapy.

CBT teaches clients that their thoughts are in control of their emotions and feelings. Therefore, if thoughts can be controlled, so can feelings, emotions and reactions.

### HOSPITALIZATION

Usually, during the first episode of psychosis, or during relapses, a person may be hospitalized for a short time in order to receive medication and become stabilized.

In the past, it was common for people with schizophrenia to be hospitalized long term. The trend now is to treat the client and work toward a more independent lifestyle.

### DAY TREATMENT PROGRAMS

Once the person is stabilized on medication, a halfway house or day treatment program may be beneficial.

In a halfway house, the person lives full time in a group home environment where there is some freedom combined with supervision and therapy.

A day treatment program is where individuals remain living at home but attend a program during the day where supervision and therapy is provided.

### FAMILY SUPPORT

Having a supportive family can make a huge difference in the overall success of the client with schizophrenia.

Encourage family members to be supportive and to help whenever and however they can.

Remind family members that dealing with a mentally ill loved one is extremely stressful and that self care is important too.

Recommend that family members *share* in the care responsibilities so that no one person is overloaded.

Suggest attending support groups for family members who are feeling overwhelmed or stressed out because of their responsibilities.

***“Mental illness is nothing to be ashamed of, but stigma and bias shame us all.”***

***~Bill Clinton,  
U.S. President***

## SIDE EFFECTS OF ANTIPSYCHOTIC MEDICATIONS

Some clients may have side effects when they start taking medication for schizophrenia. Most of the initial side effects will go away after a few days.

People who are taking antipsychotics should not drive until they adjust to their new medication(s).

Side effects of many antipsychotics include:

- Dry Mouth.
- Constipation.
- Drowsiness.
- Dizziness.
- Blurred vision.
- Rapid heartbeat.
- Sensitivity to the sun.
- Skin rashes.



In addition, newer antipsychotic medications may cause weight gain and changes in a person's metabolism. This puts the client at risk of developing diabetes and high cholesterol.

It is important to measure your client's weight and blood sugar levels regularly. Cholesterol levels should be monitored regularly by a doctor.

Older antipsychotic medications can cause side effects related to physical movement, such as:

- Rigidity (stiff muscles that do not relax).
- Persistent muscle spasms.
- Tremors.
- Restlessness.

Long-term use of older antipsychotic medications can possibly cause a condition called *tardive dyskinesia* (TD).

TD causes involuntary muscle twitching, usually in the face. TD can be mild or severe, and sometimes cannot be cured.

Around five percent of people get TD. It is less common with newer medications.

Report to the nurse right away if you think your client is developing TD. Never encourage or recommend a client stop taking the medication, even if symptoms of TD appear.

### HOW YOU CAN HELP

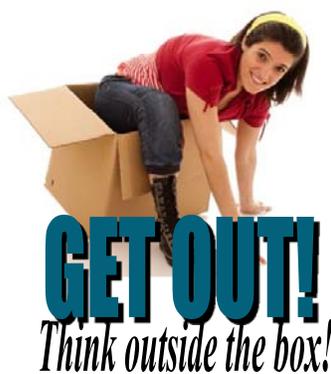
- For dry mouth, give frequent sips of water or sugarless candy or gum.
- For constipation, encourage plenty of fluids, fresh fruit, and whole grain breads and cereals. A stool softener may be used if needed.
- If sensitivity to sun is a problem, encourage outings early in the morning or later in the evening. Apply sunscreen and encourage the use of sunglasses to protect the eyes.
- If a client complains of blurred vision, notify the nurse. Reassure the client that blurred vision should pass in a week or two.

**You are caring for a 54-year-old man who has schizophrenia. He lives at home with his elderly mother.**

- He had been doing well on his medication and is even able to work part time bagging groceries.
- Lately, he has stopped eating. He seems to be afraid that the food is poisoned or rotten.
- Think of **three creative solutions** you could try to get your client to eat.
- Share your ideas with your co-workers and supervisor!

***"When you are insane, you are busy being insane—all the time...when I was crazy, that was all I was."***

***~Sylvia Plath, American poet***



## UNDERSTANDING YOUR OWN FEELINGS

Working with clients with schizophrenia may cause a strong emotional reaction in you. The client's own anxiety, fear, loneliness, and paranoia can create similar intense feelings in you. These reactions can be frightening, confusing, and uncomfortable.

It is important to address your feelings. Avoiding your feelings can lead to anger and resentment toward your client which can disrupt the therapeutic progress.

If you find yourself feeling angry or frightened, talk to your supervisor right away. Discuss your feelings with your peers who have more experience in these situations. Do not feel ashamed of your feelings. It is a completely normal reaction.

Ignoring your feelings can also lead to a syndrome known as "Caregiver Burnout." This is when you become so exhausted and discouraged you begin to feel completely helpless.

Caregiver Burnout can be dangerous for you *and* your client.

When you feel helpless, you may make comments like, *"There is no hope for this person."* Or, *"I can't do this anymore; there is no way I can help."*

If you catch yourself feeling this way, get help! Don't give up hope.

Keep your body strong in order to keep your mind strong. Make healthy food choices and get some form of exercise each day.

Take some time at the end of each work day to relax and do something you like to do. Go for a walk, get a massage, play with your children, or cook a good meal!

Remember, you can't give away what you don't have. So, to be the best nursing assistant, you have to have kindness, compassion, and empathy for yourself, first!



### WHAT'S THE PROGNOSIS?

- Although there is no cure for schizophrenia, advances in medicine over the past 25 years have improved the long term outlook.
- About one in three clients will improve enough with medication to lead independent and productive lives.
- Unfortunately, one out of ten people with schizophrenia will eventually commit suicide.
- Individuals with many stressors in their lives, or who have to deal with critical or emotionally over-involved family members, are more likely to relapse.

**Working with a mentally ill client can be challenging and stressful . . . but it can also be rewarding and hilarious at times!**

- It's never okay to laugh AT your clients . . . but it is okay to laugh WITH them!
- Think of a time a client did something that was so funny you (and the client) couldn't stop laughing.
- Share this story with your co-workers.
- When you are feeling stressed or overwhelmed, remember these stories and have a little laugh!



***"Everything that irritates us about others can lead us to an understanding about ourselves."***

***~ Carl Jung, a German psychiatrist***



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## A Disease Process Module: **Understanding Schizophrenia**

EMPLOYEE NAME  
*(Please print):*

\_\_\_\_\_

DATE: \_\_\_\_\_

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

### Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

***File completed test in employee's personnel file.***

***Are you "In the Know" about schizophrenia? Circle the best choice or fill in your answer. Then check your answers with your supervisor!***

- 1. True or False**  
People with schizophrenia have multiple personalities.
- 2. True or False**  
Positive symptoms of schizophrenia include hallucinations and delusions.
- 3. True or False**  
Historically, treatment for schizophrenia involved exorcism.
- 4. True or False**  
Clients with schizophrenia usually have many close, trusting relationships.
- 5. The most dangerous type of hallucination is:**
  - A. Seeing God.
  - B. Smelling rotten food.
  - C. An auditory command.
  - D. A delusion of grandeur.
- 6. True or False**  
Most clients with schizophrenia can be cured with the right medication.
- 7. Symptoms of Tardive Dyskinesia (TD) includes all of the following, EXCEPT:**
  - A. Restlessness.
  - B. Rigidity.
  - C. Muscle Spasms.
  - D. Seizures.
- 8. True or False**  
Caregiver burnout is when you feel exhausted, discouraged, and helpless.
- 9. True or False**  
People with schizophrenia usually need long term hospitalization.
- 10. True or False**  
A delusion is a false belief that cannot be corrected through reasoning.