

Psychotic Disorders in Adults

OPTIMAL OUTCOME OF TREATMENT/RECOVERY

The client learns to manage his/her own illness, developing awareness of the illness and learning skills, which enable him/her to overcome or accommodate symptom fluctuations. The optimal outcome for the client is recovery of meaningful life activities, to live independently, and engage in productive activities with minimal need for support or treatment/recovery.

ASSESSMENT GUIDELINES (See Assessment Guidelines for Adults)

All staff shall provide services, which are perceived as non-threatening and affirming of the client's rights and personhood. Staff shall provide the services needed with extreme sensitivity and patience, especially during periods of confusion and disorientation.

Clients with psychotic disorders shall be carefully evaluated and prioritized regarding their need for services. This shall include evaluation of danger to self or others and need for involuntary hospitalization.

The assessment shall include a determination of current living conditions and circumstances to specifically address housing, health care access, relationships, daily life activities, finances, transportation, etc. If the client has dependent children, appropriate referral for evaluation or services shall be made. As client needs are identified, refer to appropriate services, e.g., case management.

Clients shall be encouraged, where appropriate, to sign a release of information form so that the family and/or support system can be contacted and offered information about the client's psychotic disorder. If a release is signed, the family/support system shall be invited to be actively involved in treatment/recovery and relapse prevention. Information about psychotic disorders and the Utah Alliance for the Mentally Ill may be provided to the families without a release of information.

If there is evidence that the individual is dependent upon and/or under the influence of a chemical substance, an evaluation for the need for medical detoxification shall be made. Inquiring about substance abuse is an essential part of the initial assessment. Because substance abuse often coexists with psychotic conditions, therapists shall continually assess for substance abuse and encourage appropriate treatment/recovery as needed.

TREATMENT/RECOVERY GUIDELINES (See Treatment/Recovery Guidelines for Adults)

Recovery treatment includes psychopharmacology, pharmacotherapy to alter the neurochemical aspects of vulnerability, and also flexible individual and group

psychotherapies, psychoeducation, and assertive case management to mitigate the impact of stress; and social, cognitive, and vocational skills and learning strategies to enhance coping capacity. Particular attention shall be given to the stability and sufficiency of the client's living arrangements. All of these services must incorporate the client's life history and experiences, values and interests.

The chronic nature of many psychotic disorders may require varying level intensity of services over the course of an individual's lifetime. This shall require diligence on the part of the treatment/recovery team to keep the client involved in appropriate services.

Therapists shall assess the client's understanding or interpretation of their symptoms. Therapists shall provide or assure that education about the psychotic disorder is available and is complimentary with the client's own personal understanding of his/her symptoms whenever possible. The therapist shall assist in providing current information about symptom management.

Medication is critical in the treatment/recovery of psychotic disorders. Medication arrangements shall be made in accordance with the client's assessed needs. Medical staff have primary responsibility to periodically review medication use with the client. Therapists shall review medication use and refer concerns to the medical staff as indicated.

The therapist shall engage the client in relapse prevention. This may include discussion with the client regarding preferences for people to contact, with whom he/she feels the safest, and alternatives to hospitalization in times of crisis may include the Mental Health Advanced Directive (UCA-62A-12-504), Wellness Recovery Action Plan (WRAP) or other appropriate documents.

A collaborative team approach to treatment/recovery is essential. The team may include the client, therapist, case manager, other psychosocial rehabilitation team staff, peer support specialist, medical staff, and other appropriate individuals. Involvement of family and other community/social supports is also highly recommended when appropriate. Cooperation, coordination, and communication are critical for good care and treatment/recovery.

Therapy with clients with psychotic disorders shall include assisting the client to address issues of loss, previous treatment/recovery experiences, relationship issues, parenting skills, self-image, and depression as appropriate. Therapy need not focus solely on psychotic symptoms unless that is the client's choice.

Because of the often unpredictable and/or slow process of recovery, staff shall communicate hope to clients, and assess progress by improved quality of life (as measured in family/friend relationships, living situation, work, health status) as well as remission of symptoms.

Clients with psychotic disorders shall be given appointments, which are flexible in duration and frequency to meet the needs of the client.

Medical providers are responsible for providing information to the client about medication, including potential benefits and side effects for both short and long term. Medical providers shall conduct a yearly assessment for involuntary movement, i.e., AIMS or DISCUS, with all clients receiving neuroleptics for longer than six months.

When substance abuse co-exists with a psychotic condition, attention needs to be paid to the treatment of the substance abuse problem. Concurrent treatment/recovery provides the most effective approach. Substance abuse treatment shall be specifically tailored for the individual with a psychotic disorder and documented in the clinical record.

These Guidelines have been revised by the Utah Behavioral Health Clinic Sub-Committee and approved by the Utah Behavioral Health Committee

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