

# CareCertify LLC

## Behavioral Health Series

### BHS-015

## Supporting Individuals with Schizophrenia & Psychotic Disorders

### Participant Guide

Group: Group 3: Direct Care Skills | Credit Hours: 1.5

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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## Learning Objectives

Upon completing this course, you will be able to:

- Describe the symptoms of schizophrenia and related psychotic disorders
- Distinguish positive symptoms from negative symptoms of psychosis
- Apply safe, supportive communication techniques during psychotic episodes
- Recognize when symptoms require urgent clinical attention
- Support medication adherence and daily functioning for clients with psychotic disorders

## Section 1: Understanding Schizophrenia and Psychosis

Schizophrenia is a serious mental illness characterized by disturbances in thought, perception, emotion, and behavior. Psychosis is a symptom — not a diagnosis — involving a break from reality that can occur in schizophrenia and other conditions including bipolar disorder, severe depression, and substance use.

### Psychotic Disorders Home Care Workers May Encounter

Schizophrenia  
Schizoaffective Disorder (features of both schizophrenia and mood disorders)  
Brief Psychotic Disorder  
Substance-Induced Psychosis  
Major Depression or Bipolar Disorder with Psychotic Features

## Section 2: Positive and Negative Symptoms

Symptoms of schizophrenia are classified as positive (things added to the person's experience) or negative (things taken away from the person's normal functioning).

### Positive vs. Negative Symptoms

POSITIVE SYMPTOMS (excess or distortion of normal functions):

- Hallucinations: hearing, seeing, or feeling things that are not present
- Delusions: fixed false beliefs (paranoid, grandiose, referential)
- Disorganized thinking or speech
- Disorganized or agitated behavior

NEGATIVE SYMPTOMS (reduction in normal functions):

- Flat affect (reduced emotional expression)
- Alogia (reduced speech)
- Avolition (lack of motivation)
- Anhedonia (inability to feel pleasure)
- Social withdrawal

### Section 3: Safe Communication During Psychotic Episodes

When a client is experiencing psychosis, your response can either escalate or de-escalate the situation. The goal is to stay calm, keep the person safe, and avoid arguing with or reinforcing delusional beliefs.

| ✓ DO   | ✗ DON'T  |
|--|--|
| Speak calmly, slowly, and in short sentences             | Argue with or try to disprove delusional beliefs   |
| Maintain a safe, comfortable physical distance           | Confirm or agree with hallucinations or delusions  |
| Use the client's name gently to maintain connection      | Raise your voice or make sudden movements  |
| Redirect to a safe and calming activity or environment   | Physically restrain the client unless there is immediate danger and you are trained to do so |
| Contact your supervisor if the client is at risk of harm | Leave a client alone if you believe they are at risk   |

#### SCENARIO

Your client insists that the neighbors are watching her through the vents and have been poisoning her food. She refuses to eat and appears very distressed.

Response: Do not argue about the neighbors. Acknowledge her distress: "I can see you are scared and upset — I am here with you." Gently offer alternative food or a sealed item. Document her statements and the refusal to eat. Contact your supervisor promptly to report the escalated paranoid beliefs.

### Section 4: Medication Adherence and Daily Functioning

Antipsychotic medications are the cornerstone of treatment for schizophrenia. Many clients resist taking medications because of side effects, lack of insight (anosognosia), or delusional beliefs about the medications. Home care workers play a critical role in supporting adherence.

- Observe and document whether medications are taken
- Report any refusal of medication to your supervisor
- Never force medications — report refusals and let the clinical team address them
- Be aware of common side effects: drowsiness, weight gain, stiffness, restlessness

- Support daily routines that provide structure and predictability
- Encourage engagement with activities the client enjoys and can do successfully

## Section 5: When to Escalate

Home care workers are not equipped to manage psychiatric crises alone. Know the warning signs that require immediate escalation.

### Urgent Escalation Warning Signs

- Client becomes aggressive or threatening
- Client is in danger of harming themselves or others
- Client expresses suicidal ideation or intent
- Client is so disorganized they cannot meet basic needs
- Sudden significant change in psychotic symptoms
- Client stops all medications without clinical direction

Call your supervisor immediately. If there is immediate danger, call 911.

### Quick Reference Summary

|                           |   |
|---------------------------|---|
| <b>Positive Symptoms</b>  | Hallucinations, delusions, disorganized speech/behavior             |
| <b>Negative Symptoms</b>  | Flat affect, alogia, avolition, anhedonia, social withdrawal        |
| <b>During Psychosis</b>   | Stay calm, do not argue with delusions, redirect, notify supervisor |
| <b>Medication Refusal</b> | Never force — document and report to supervisor                     |
| <b>Urgent Escalation</b>  | Aggression, self-harm risk, suicidal ideation, total decompensation |