Individual Planning: A Treatment Plan Overview for Adults Experiencing Psychoticism

Psychoticism can be identified by:
- Poor concentration, poor memory; insensitivity; lack of caring for others; cruelty; disregard for danger and convention; occasionally originality and/or creativity; liking for unusual things; considered peculiar by others.

High Psychoticism:
- Egocentric, Impulsive, Non-conforming.
- Suspicious, Sometimes antisocial.

Low Psychoticism (Tender Minded)
- Warm, (Fuzzy?), Caring, Cooperative.
- Conforming to social norms.

Men vs. Women: Who is Higher on P???
- Right! Males tend to show higher psychoticism than females:
  - Possible Link to Testosterone levels?

Behavioral Definitions for Adults Experiencing Psychoticism:

Bizarre content of thought (delusions of grandeur, reference, influence, control, somatic sensations, or infidelity).

Bizarre content of thought (delusions of persecution).

Illogical form of thought (loose association of ideas, incoherence; Illogical thinking; vague, abstract thinking patterns).

Illogical form of speech (loose association of ideas in speech, incoherence, or repetitive speech; neologisms, perseverations, clanging).

Disturbance perceptions (hallucinations, primarily auditory but occasionally visual or olfactory).

Affect disturbed (none, inappropriate, blunted, or flattened).

Loss of self (lack of identity, loss of ego boundaries, blatant confusion).

Low Volition (inadequate interest, or ability to follow a course of action to its logical conclusion; pronounced ambivalence).
Withdrawal from relationships (withdrawal from involvement with external world and preoccupation with egocentric ideas).

Abnormalities in psychomotor behavior (such as, very low reactivity to environment; different catatonic patterns such as rigidity).

Long Term Goals for Adults Experiencing Psychoticism:

Eliminate or control active psychotic symptoms to allow a minimal supervised functioning, and assure that medication is taken consistently.

Lower or eliminate hallucinations and/or delusions.

Eliminate or reduce acute, reactive, psychotic symptoms and allow return to normal functioning in affect, thinking, and relating.

Short Term Goals for Adults Experiencing Psychoticism:

Explore type and history of the psychotic symptoms.

Gather from patient or significant other family history of serious mental illness.

Help patient acknowledge and understand that distressing symptoms are result of mental illness.

Help patient comprehend the importance of taking antipsychotic medications, and agree to cooperate with prescribed care.

Commit to take antipsychotic medications consistently with or without supervision.

Help patient accept the need for a supervised living environment.

Develop and gather history of not providing for own basic needs, and engaging in behavior that is harmful to self or others.

Identify and list recent perceived severe stressors that may have precipitated acute psychotic break.

Take steps to change environment in such a way as to reduce the feelings of threat associated with it.

Encourage a consistent report on any diminishing or absence of hallucinations or delusions.

Show limited social functioning by responding appropriately to new friendly encounters.

Increase clear thinking, demonstrated by logical, coherent speech.

Express an understanding of the underlying needs, conflicts, and emotions that are linked to irrational beliefs.

Increase patient’s family positive support to reduce chances of acute exacerbation of
psychotic episode.

Encourage family members to stop any double-bind messages that trigger patient's internal conflict.

Allow family members an avenue to share their feelings of guilt, frustration, and fear associated with patient's mental illness.

Refer family members to a support group.

Gradually return to premorbid level of functioning and encourage responsibility of caring for own basic needs.

**Interventions or Strategies**

**Goals for Adults Experiencing Psychoticism:**

- Increase acceptance through calm, nurturing manner, good eye contact, and active listening.
- Assess pervasiveness of thought disorder during clinical interview.
- Refer for psychological testing assess pervasiveness of thought disorder.
- Define psychosis as a brief reactive nature or long term with reactive elements.
- Assess any family history for serious mental illness.
- Provide patient supportive therapy to help decrease fears and lower feelings of alienation.
- Help patient and family understand the nature of the psychotic process, its biochemical component, and the confusing effect on rational thought.
- Refer and make arrangements for administration of appropriate psychotropic medications through a medical evaluation.
- Monitor medication compliance and confront patient if noncompliant.
- Refer and make arrangements for supervised living situation, if necessary.
- Assess need for involuntary commitment to an inpatient psychiatric facility if the patient is unable to care for his or her basic needs or is harmful to self or others.
- Explore roots and causes of reactive psychosis.
- Assess feelings surrounding stressors that initiated psychotic episodes.
- Help patient reduce any threats in the environment (such as, finding a safer place to live, and arrange for regular visits from caseworker).
- Help patient restructure irrational beliefs by reviewing them against reality-based evidence and misinterpretation.
- Reinforce focus on the reality of the external world, and not the patient's distorted fantasy view of the world.
Help patient understand the difference between the source of stimuli, and between self-generated messages and the reality of the external world.

Encourage socially and emotionally correct responses to others.

Gently and gradually confront illogical thoughts and speech to refocus disordered thinking.

Encourage clarity and rationality of thought and speech during therapy sessions.

Explore any underlying needs and feelings (such as, inadequacy, rejection, anxiety, or guilt) that initiate irrational thought.

Conduct family therapy sessions to educate family regarding patient's illness, treatment, and prognosis.

Instruct family how to avoid double-bind messages that increase anxiety and psychotic symptoms.

Encourage family members to share feelings of frustration, guilt, fear, or depression linked to the patient's mental illness and behavior patterns.

Refer family members to a community-based support group of psychotic patients and family members.

Monitor patient's daily level of functioning-including, reality orientation, personal hygiene, social interactions, and affect appropriateness, and provide feedback that either redirects or reinforces patient's progress.