

Psychosis Management Through Non-Pharmacological Interventions In Nursing Facilities



Non-pharmacological interventions are strategies used to improve mental, emotional, and physical well-being that do not involve medication.

As part of person-centered care, non-pharmacological interventions can help manage various mental health conditions, including psychosis, a condition in which a person loses touch with reality.



Evidence-based non-pharmacological interventions

All interventions should be personalized, included in the resident's care plan, and carried out by the team member designated on the plan.

Non-Pharmacological Interventions



Resident and Family Education

Strategies

Provide clear, easy-to-read educational pamphlets from reliable sources that explain the resident's specific psychotic disorder.



Support Systems

Encourage family involvement and include the ombudsman as applicable.



Individual or Group Psychotherapy

Connect residents to mental health services, including Cognitive Behavioral Therapy for Psychosis (CBTp).



Support Groups

Connect residents to in-person or online support groups.



Peer-Support Specialists

Involve peer-support specialists when appropriate. These individuals are in recovery and can share their lived experiences to support and encourage residents.



Psychosocial and Physical Activities

Create individualized, strengths-based schedules that include activities residents enjoy and value.



Wellness Management

Guide residents in using recovery workbooks, meditation, and mindfulness techniques to manage symptoms.



Auditory Distractions

Offer soothing music, headphones, and other coping strategies to ease anxiety related to psychotic symptoms.

Nursing facilities can contribute to a safe, respectful, and therapeutic environment for residents experiencing psychotic symptoms by implementing the following:

Nursing Facility Interventions



Staff Education and Training



Problem Solving



Active Listening



Trigger Reduction

Strategies

Provide facility-wide training sessions focused on understanding psychotic disorders.

Training should include skills in active listening, empathy, de-escalation, and psychosocial interventions.

Work collaboratively with residents to address concerns.

Do not directly challenge the resident's delusions or hallucinations. Focus on providing support and solutions that promote safety and comfort.

Listen and allow residents to express their experiences, thoughts, and emotions without judgment.

Validate their distress and show empathy, even when statements may include false accusations or beliefs.

Monitor for environmental triggers that may worsen symptoms, such as loud noises, bright lights, or crowded areas.

Modify or eliminate these triggers, when possible, to create a calm and supportive setting.

References

What Are the Evidence-Based Treatments for Psychosis?

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