

## **CHRONIC CARE MANAGEMENT PLAN SCHIZOPHRENIA OVERVIEW**

### **What is schizophrenia?**

Schizophrenia is a chronic psychotic disorder that usually begins before age 25. It affects about 1 percent of the population worldwide. The disorder usually leads to the gradual deterioration in a number of mental and emotional functions, including distorted perceptions, thoughts, feelings, and behaviors. These distortions result in impaired occupational and social functioning. Some people with schizophrenic disorders require extra supports throughout life.

The diagnosis of schizophrenia requires the presence of two or more characteristic symptoms for at least 1 month, and continuous signs of the disturbance for at least 6 months.

Characteristic signs or symptoms include:

- Delusions (erroneous beliefs, or misinterpretations of perceptions or experiences)
- Hallucinations (usually hearing or seeing things other people cannot hear or see, rarely touch sensations or smells that are not confirmed by others)
- Disorganized thinking (loose associations, tangential thinking, word salad or derailment of thoughts, severe enough to impair effective communication)
- Grossly disorganized behavior, sometimes with marked increases or decreases in reactions to the environment (so-called catatonic excitement or catatonic stupor)
- Negative or deficit symptoms, including lack of emotions, alogia (poverty of speech), avolition (lack of interest or persistence in goal-directed activities), inappropriate affect (laughs at sad events, is unhappy or sad at times of joy), and anhedonia (loss of interest or pleasure)

These characteristics result in significant social and/or occupational dysfunction, including work, school, interpersonal relations, or self-care.

Schizophrenia is probably caused by multiple factors, including inherited tendencies, congenital events, and environmental influences. Once the disorder develops, it usually persists in some form for the remainder of a person's life. With current forms of treatment, many people with schizophrenia can return to some level of success, including school, work, and family responsibilities.

### **Treatment**

Treatment helps the person with schizophrenia minimize the maladaptive symptoms and patterns, through the use of psychotherapy, social skill training, and psychiatric medications. The goal of treatment in Job Corps for a student with chronic schizophrenia is to help the student maintain adequate control of symptoms so that educational and vocational training is possible.

Several types of monitoring are recommended, including:

- Signs and symptoms of relapse (diary)
- Sleep regularity and duration (sleep log)
- Quality of life/functional status (rating scale)
- Pharmacotherapy (medication log)
- Regular visits with health providers

Daily check-in with a trusted staff member, at least in the first 4 weeks, is strongly encouraged to help monitor progress and intervene early when problems arise on center.

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CHRONIC CARE MANAGEMENT PLAN  
SCHIZOPHRENIA**

**OUTREACH AND ADMISSIONS PERIOD**

Please provide us with the following information regarding the applicant's self-disclosed diagnosis of schizophrenia. [To be obtained from applicant's physician or other health provider.]

1. Classification of schizophrenia

- \_\_\_\_\_ Mild intermittent—symptoms absent with medication, and no pressure
- \_\_\_\_\_ Mild persistent—symptoms more than twice a week, less than daily
- \_\_\_\_\_ Moderate persistent—daily symptoms, but can usually ignore
- \_\_\_\_\_ Severe, persistent—continual symptoms, even with compliance

2. Date of diagnosis: \_\_\_\_\_

3. Age of onset: \_\_\_\_\_

4. What are the current symptoms?

\_\_\_\_\_

\_\_\_\_\_

5. List **current** (within the past 6 months) self-harm behaviors, if applicable.

\_\_\_\_\_

\_\_\_\_\_

6. List current medications and/or treatment, including dosage and frequency.

\_\_\_\_\_

\_\_\_\_\_

7. Has applicant been compliant with medications and treatment? If no, explain.

\_\_\_\_\_

\_\_\_\_\_

8. List past hospitalizations, including dates, reason for admission, and discharge plans related to the self-disclosed diagnosis.

\_\_\_\_\_

\_\_\_\_\_

9. What is the current status?

\_\_\_\_\_

\_\_\_\_\_

10. What is the applicant's prognosis with medication?

\_\_\_\_\_

\_\_\_\_\_

10a. What is the applicant's prognosis **without** medication?

\_\_\_\_\_

\_\_\_\_\_

11. When was last appointment? \_\_\_\_\_

12. Will applicant need to continue follow-up under your care? If yes, please list date and/or frequency of follow-up appointments.

\_\_\_\_\_

\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

13. In your opinion, will the applicant be able to self-manage his/her medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.

\_\_\_\_\_  
\_\_\_\_\_

14. In your opinion, will the applicant be appropriate to reside in a non-mental health dormitory-style residence with minimal supervision? If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_

15. Are there any restrictions or limitations related to this specific illness?

\_\_\_\_\_  
\_\_\_\_\_

16. List any precipitants that could induce increased symptoms.

\_\_\_\_\_  
\_\_\_\_\_

17. List any environmental features that might trigger worsening symptoms (e.g., noisy room, crowded room with strangers, family gatherings, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Please sign below and return the form in the attached addressed envelope.

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

For any questions, please call

\_\_\_\_\_  
Admissions Counselor/Health and Wellness Staff

\_\_\_\_\_  
Phone

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

**CHRONIC CARE MANAGEMENT PLAN  
SCHIZOPHRENIA**

**Goals:**

1. Enhance employability by optimizing control of symptoms
2. Educate the student regarding recognition of symptoms and self-management
3. Reduce environmental triggers, which might set off increased symptoms
4. Optimize pharmacotherapy, based on student's past and current experience
5. Help student develop outline of plans to arrange for optimal care after graduation

**This care management plan includes suggested clinical activities and accommodations that are not mandatory for any particular student. In keeping with the importance of individualized care, please choose those that are most appropriate for this particular student's care plan, considering the specific presentation of the problem and needs of the student. The overall goal is to develop a care plan that supports the student's goals toward employability.**

Mark each item with an **X** that is part of the student's case management plan.

<b>OUTREACH AND ADMISSIONS</b>	
<input type="checkbox"/>	Conduct clinical file review
<input type="checkbox"/>	Request additional health and educational information for file review, if needed
<input type="checkbox"/>	Refer and participate with IDT team for accommodation planning

<b>CAREER PREPARATION PERIOD</b>	
<input type="checkbox"/>	Screen for co-occurring disorders
<input type="checkbox"/>	Establish a symptom action plan for current or returning symptoms
<input type="checkbox"/>	Evaluate need for brief on-center treatment
<input type="checkbox"/>	Evaluate need for outside mental health resources
<input type="checkbox"/>	Arrange for continued off-center appointments with physician and/or therapist
<input type="checkbox"/>	Discuss vocational training match
<input type="checkbox"/>	Develop safety/behavior plan with student
<input type="checkbox"/>	Review center emergency response plan
<input type="checkbox"/>	Refer to center physician or consulting psychiatrist for medication evaluation if indicated
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written schedule of medications and calendar of compliance
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written description of possible medication side effects
<input type="checkbox"/>	Consult with oral health and wellness staff about the effects of psychotropic medications on oral care, if applicable. Reduced saliva (dry mouth), a side effect from some medications, can cause oral health care problems
<input type="checkbox"/>	Provide student with sleep hygiene brochure ( <a href="http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/">http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/</a> )
<input type="checkbox"/>	Refer to TEAP, if appropriate
<input type="checkbox"/>	Refer to anger and/or stress management group
<input type="checkbox"/>	Refer to TUPP/smoking cessation enrollment
<input type="checkbox"/>	Refer to recreation to practice social and group recreation skills
<input type="checkbox"/>	Educate student about self-care plans to monitor and cope with symptoms of schizophrenia: <ul style="list-style-type: none"><li>• Understanding events and/or emotions that trigger unhealthy behavior</li><li>• Coping skills to decrease anxiety</li><li>• Coping with teasing</li><li>• Compliance with therapy and/or medical appointments</li><li>• Medication side effects and compliance if needed</li><li>• Managing symptoms of schizophrenia in the employment setting</li><li>• Refer to Web site of the National Alliance for Mental Illness <a href="http://www.nami.org/tion.org">http://www.nami.org/tion.org</a> for further community support</li></ul>
<input type="checkbox"/>	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Preparation Period:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

<b>CAREER DEVELOPMENT PERIOD</b>	
	Monitor adherence issues: <ul style="list-style-type: none"><li>• Regular counseling planned and kept on or off center, if applicable</li><li>• Participation in groups on center</li><li>• Self-monitoring, asking for assistance when needed</li><li>• Medication regimen, including anticipate getting refills</li><li>• Rest, exercise, nutrition</li><li>• Address any tobacco, alcohol, drug use</li></ul>
	If off-center treatment is sought, assure communication with treatment provider is documented
	Encourage active participation in CSS and social skills training. Standards that could be particularly helpful are Workplace Relationships and Ethics, Communications, Interpersonal Skills, and Independent Living
	Participate in review of accommodations with the disability coordinator
	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Development Period.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CAREER TRANSITION PERIOD</b>	
	Conduct a health and wellness center exit interview approximately 4 weeks before program completion and review self-management skills
	Work with the career transition specialist to identify potential sources of mental health care, and specialty care if needed, in the work community
	Work with the HWM to obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
	Work with the HWM and career transition specialist in assisting the student in enrolling or maintaining enrollment in a public or private health insurance program
	Provide student with copy of SF-93, SF-88, and management plan, including sleep and mood charts, if any
	Work with HWM and/or center physician to provide student with adequate supply of medication(s) at departure
	Consult with the disability coordinator and review accommodation needs for future employment, and give student a written description of ideas to be reviewed with providers in the work community

I agree with the care management plan for the Career Transition Period:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

<b>SUGGESTED TRAINING AND ACCOMMODATION ACTIVITIES</b>	
	Educate instructors to be sensitive to any changes in behavior that might signal that the student is struggling or is experiencing stressful or intrusive stimuli
	If student requests separate study space or room for test taking, because of hypersensitivity to the presence of others, comply if possible
	Review preferred seating with student, to allow student to minimize distracting symptoms (e.g., some paranoid students prefer to sit either in back row or on end of row, to minimize fear of what they cannot see)
	Provide education of other students for symptoms noticed by others to minimize negative reactions and to promote acceptance of people who may be somewhat different from them
	Provide opportunities for short breaks out of classroom, if requested. Time in a private place to relax and review present situation often can give the student courage to return to class, without as much distraction from internal voices or hypersensitivities
	Shorten assignments if the student cannot concentrate for long periods of time before getting discouraged and distracted by symptoms of the disorder. Once shorter assignments are mastered, gradually lengthen assignments until they reach normal level
	With student's permission, consult with mental health consultant and student to develop any special modifications of educational or vocational strategies that may be needed to help overcome residual symptoms (e.g., use of ear plugs if in a noisy environment that might stimulate "voices," which thereby distract from finishing assignments), and a mechanism to practice skills needed for work environment
	Manage symptoms. If the student appears distracted or restless, and asks for pass to health and wellness center, check with health and wellness staff, and give student pass if it is in the student's crisis management plan (e.g., if "PRN" medication is in the plan, the student can get the medication and receive help with symptoms within about half an hour of taking the medication)

**CHRONIC CARE MANAGEMENT PLAN FLOWSHEET  
SCHIZOPHRENIA**

<b>Student Name:</b>								
<b>Sex: M or F</b>			<b>Date of Birth:</b>			<b>Date of Entry:</b>		
<b>Severity Rating At Entry:</b> <input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent								
<b>Co-Morbid Conditions:</b>								
<b>Date</b>								
<b>Medications</b>		Daily doses of antipsychotics, antidepressants, anxiolytics, side-effects						
<b>Symptom Control</b>		Symptoms = voices, delusions, sensitive to criticism, low stamina Score:    0 = no symptoms    + = mild symptoms ++ = moderate        +++ = severe						
Voices/Delusions								
Sensitive-criticism								
Low stamina								
<b>Triggers—reducing techniques used</b>		S = quiet study space utilized                      T = discuss assignment with teacher D = upsetting conversation discussed        Q = find quiet space when upset						
<b>Help</b>		C= consult with counselor                      E = visit TEAP or Wellness Educator DT = consult with disability team        MH = consult with CMHC						
<b>Monitoring</b>		OV = outpatient (routine) visit                      AC = acute care visit Psy = hometown psychiatrist visit        TV = hometown therapy visit						
Type of visit								
Symptom Frequency [ 0 = none; 5 = highest]								
Achieve Milestones [ Yes/Partial/No]								
<b>Action Plan</b>		1. A written Action Plan can improve psychiatrist or therapist/patient communication 2. An Action Plan can increase effectiveness of skills to counteract negative experiences and plan for future successes						
Action Plan Reviewed with student (✓)								
Meds for Action Plan Updated								
<b>Other Concerns</b>		1. Student: 2. Staff/Therapist:						