# TREATMENT GUIDELINES FOR HEALTH STAFFPsychotic Symptoms

Psychotic symptoms are usually part of a serious mental illness that affects how a student thinks, feels, and behaves. Students may seem like they have lost touch with reality, which causes significant distress for the individual, staff, and other students. Students can have a combination of positive and negative symptoms.

|  |
| --- |
| **COMMON SYMPTOMS OF PSYCHOSIS\*\*** |
| **Positive Symptoms** | **Negative Symptoms** |
| Odd and unusual behaviors not generally seen in healthy people* Hallucinations: Seeing, hearing, smelling, tasting, or feeling things that are not real
* Delusions: Believing things that are not true such as the idea that people on the radio and television are talking directly to them.
* Disorganized thinking: Ways of thinking that are odd or illogical. Students with thought disorders may have trouble organizing their thoughts and may switch from one topic to another with no clear link between the two.
* Movement disorders: Abnormal body movements. A student may repeat certain motions over and over or at the other extreme, a student may stop moving or talking for a while, which is a rare condition called “catatonia.”
 | Social withdrawal, difficulty showing emotions, or difficulty functioning* Talking in a dull voice
* Showing no facial expression, such as a smile or frown
* Lack of motivation
* Slow or decreased movement
* Change in sleep patterns
* Poor grooming or hygiene
* Not saying much
* Lack of eye contact
* Reduced range of emotions
* Less interest in socializing or hobbies and activities
 |
| **\*\***It is important to consider the spiritual and cultural context of the student’s behaviors, as what is interpreted as a symptom of psychosis in one culture may be normal in another culture. For example, in some cultures being visited by spirits or hearing the voices of deceased loved ones are normal experiences.  |

**Authorized health and wellness staff may treat students with symptoms of psychosis as follows:**

## WHAT TO DO FIRST

***Behavior is Obviously Dangerous or Threatening to Self/Others***

1. Psychotic symptoms often include paranoid thinking with hallucinations and delusions. The student may mistakenly perceive other people as a threat and act to defend themselves in way that could pose possible risk of harm to others.
2. If the student is agitated or their behavior cannot be managed safely due to the severity of symptoms (e.g., behavior poses a risk of harm to self/others), take steps to ensure your safety and the student’s safety. For example, make sure that others are around, that you have access to a telephone, and can exit the room or area if needed. Do not leave the student unsupervised. If you must keep your distance, always keep an eye on the student. **Contact center security for assistance or follow your center operating procedures (COP) for Mental Health Emergencies which may include arranging transport to the nearest emergency hospital for psychiatric evaluation. Alert the health and wellness director (HWD) about the situation, if needed.**
3. If possible, move the student away from other students or remove other students from the area.

***If Behavior is Not Dangerous, Just Strange or Unusual***

1. Stay calm and provide a private, supportive space to assess the student’s symptoms and behaviors and where the student will feel safe to talk.
2. Give the student as much personal space and sense of control as possible.
3. Take steps to avoid engaging in behaviors that the student may perceive as threatening. For example, allow the student to have adequate personal space and avoid situations where the student may feel trapped or blocked from leaving the area.

## ASSESS SYMPTOMS AND BEHAVIORS

1. Listen to the student non-judgmentally and with empathy and genuine concern.
2. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
3. Remember that the beliefs and experiences such as hallucinations seem very real to the student, so do not argue, or try to reason with the student.
4. If the student does not start talking right away or you need to focus the student, ask **“What’s going on with you right now? What’s making you feel this way?”**
5. If the student is not able to describe why they are feeling or reacting the way they are, consider asking the following 2 questions, as appropriate:
* ***“Have you recently taken any of your own medications or someone else’s prescription medications?”*** If the student answers “yes,” ask about the names of the medication/s, the number of pills/capsules they took, and what time they were taken. If the student reports, or is suspected of, misusing their own or someone else’s medications, involve the Center Physician (CP).
* If there are concerns about possible alcohol/drug use, ask **“*Have you recently used any alcohol or drugs?”*** If the student answers “yes,” ask about the types of alcohol or drugs and how much and what time the substances were consumed. If the student reports, or is suspected of, having used a substance, involve the TEAP specialist, if possible, and/or follow [Alcohol or Drug Use Behavior Treatment Guideline](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_alcohol_drug.docx).
1. If there are any concerns about self-harm or suicide, assess for thoughts of self-harm by saying:
* **"*Sometimes people feel that life is not worth living. How are you feeling about living right now?"*** *[wait]*
* ***"Have you ever thought of harming yourself or trying to end your own life?”***
* If the student answers “yes,”ask***"Are you feeling that way now?"***
* If self-harm thoughts are present or questionable, follow the [Suicidal Self-Directed Violence Treatment Guideline](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_suicide.docx) (“What to Do Next”). **Do not leave the student alone.**
1. If the student is not willing to participate in the assessment, ask the student if they would be willing to talk with the Center Mental Health Consultant (CMHC) (if available) or if there is a trusted staff member who could provide support and determine if that staff member is available to come assist.
2. The student should not be left alone until the acute symptoms diminish and/or risk behaviors are under control.
3. After the acute distress has been addressed, discuss with the student how a referral to the CMHC could be helpful to develop strategies for managing stress and their symptoms better.

## WHAT TO DO NEXT

1. If assistance is needed to determine whether an emergency psychiatric evaluation is warranted, contact the CMHC and/or CP.
2. Students who are safe, yet struggling with psychotic symptoms, should be encouraged to meet with CMHC or CP for evaluation and/or treatment such as brief therapy and/or medication.
3. If the student is already in treatment for psychotic symptoms, determine whether the student has been adherent with any prescribed medications or therapeutic interventions. Consider how to address any issues of non-adherence.
4. Students who express an interest in starting medication to assist with psychotic symptoms or who would like a re-evaluation of their currently prescribed medication/s should be referred to the CMHC for assessment and the CP for follow-up.
5. If the student does not want to meet with the CMHC/CP, it is recommended that health and wellness staff alert the CMHC so that the student can be discussed at the next case management meeting and help identify ways for the counselor to support the student. The counselor can refer the student to the CMHC in the future, if needed.
6. If the student has received treatment for psychotic symptoms in the past, consider obtaining a signed *Authorization for Release of Information* from the student (or, if minor, parent/guardian) so that prior treatment records can be obtained and reviewed.