The Schizophrenia Program of The Johns Hopkins Hospital

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Program Overview

- Provides integrated, quality care to a vulnerable patient population
- Unique combination of an inpatient and day hospital program
- 7 bed inpatient schizophrenia service is a part of a 22 bed acute psychiatric unit
- Day Hospital, housed on the same unit, has 8-10 slots and can provide domiciliary care for up to 4 patients

Philosophy of Care

- Emphasizes a systematic, comprehensive approach to the diagnosis and treatment of schizophrenia and related disorders
- Recognizes that each patient is a unique individual, with his or her own strengths and vulnerabilities
- Acknowledges the critical role of family and care-givers in the life of each patient
- Recognizes the importance of patients' life experiences and the resulting influence on the way in which they view their illness
- Views the patient as an individual, understanding the potential contributions of personality traits, medical illnesses and social networks to the patient's symptoms and illness recovery

Research Base for Treatment Program

Schizophrenia Patient Outcomes Research Team (PORT) Updated Treatment Recommendations, 2003:

- Optimal treatment of schizophrenia includes a combination of pharmacologic management of symptoms and psychosocial treatments to manage residual symptoms not relieved by medication, increase coping skills, and improve functioning in order to maximize quality of life

Research Base for Treatment Program

American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia, Second Edition, 2004, treatment planning should have three goals:

- Reduce or eliminate symptoms
- Maximize quality of life and adaptive functioning
- Promote and maintain recovery from the debilitating effects of illness to the maximum extent possible so as to assist patients in attaining personal life goals

Roles and Functions of Psychiatric Nurses Working in the Treatment Program

- Nursing team consists of registered nurses, a psychiatric/mental health clinical nurse specialist, and clinical technicians
- Provide daily physical and psychosocial assessments, education, medication administration and monitoring
- Utilize tools such as the Brief Psychiatric Rating Scale and the Abnormal Involuntary Movement Scale to measure and track illness symptoms and side effects of psychotropic medications
- Perform metabolic screening to detect and provide interventions for symptoms of metabolic syndrome and diabetes

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Therapeutic Alliance

- Open, trusting and collaborative relationship between the nurse and patient
- Fostered and enhanced through nurse-led social skills modeling and socialization groups, which include nutrition education, exercise groups, and medication and illness teaching groups.
- Clinical nurse specialist leads cognitive behavioral group therapy four times per week.
- Nursing staff provide individual intervention for patients and families including: education, assessment of needs, referral to appropriate services, assistance with transitioning to the next level of care, and discharge planning.
- Goals are to increase patients' knowledge and understanding of their treatment, and to encourage our patients' involvement and investment in their own treatment.

Evidence-Based Outcomes of Treatment Program

Many elements of our program were developed using evidence-based strategies. These include:

- Illness self-management and integrated treatment of co-occurring schizophrenia with substance abuse (Ganju, 2003)
- Cognitive therapy for schizophrenia (Jones, Cormac, Silveira da Mota Neto & Campbell, 2004)
- Psychoeducation (Pekkela & Merinder, 2002)
- Crisis prevention management program has reduced the use of seclusion and restraint by 85% over the past four years (Lewis, Taylor & Parks, in press)

Major Strengths of Treatment Program

- Continuity of care from the acute inpatient setting to the outpatient day hospital step-down program
- Flexibility between these programs enables nurses to monitor and prevent probable negative outcomes as patients move toward rehabilitation, "focusing treatment development on the goal of reducing disability rather than [simply] a reduction of the more florid symptoms of the illness" (Gold, 2004)

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Areas of Challenge

- Located in an urban, socioeconomically distressed area that suffers from the associated problems of high unemployment, poor education, lack of general community resources and the psychosocial consequences of substance use and abuse
- Co-morbid Axis I substance abuse in our population
- Over 20 percent of patients in the clinic, self-report a history of recent aggression, with twenty percent having been secluded, restrained or requiring constant observation during past hospitalizations
- The above add further complications in providing comprehensive care, and frequently create challenges crafting a therapeutic alliance.

Future Directions of Program

- Strengthen community relationships and expand program development, with nurses functioning as a liaison with our Community Psychiatry Program
- Enhance both our social skills and vocational training programs, as a growing body of knowledge to supports its efficacy and effectiveness (Kopelowicz, Liberman, & Zarate, 2006)
- Develop a cognitive remediation program based on multiple studies demonstrating improvement in cognition and work functioning with the use of cognitive remediation treatment (Wexler & Bell, 2005)
- Increase our patients' exposure to the arts including: fine art, music, cooking and baking

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