

Reality orientation therapy for a patient with schizophrenia and paranoid delusions: A case study report

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**Reality orientation therapy for a patient with schizophrenia and paranoid delusions:
A case study report**

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Abstract

Background: Schizophrenia is a chronic mental disorder that significantly affects cognitive function and behavior, frequently characterized by prominent delusions in Paranoid Schizophrenia. Delusional nursing problems are marked by severe distortions of reality perception, which impair patients' ability to think logically and interact appropriately with their environment.

Purpose: To describe and evaluate the implementation of Reality Orientation Therapy (ROT) in addressing delusional nursing problems in a patient with Paranoid Schizophrenia.

Method: This research employed an intensive descriptive case study conducted over four days to illustrate and assess the application of Reality Orientation Therapy in Mrs. Y at Liliy 4 Ward, Seorojo Hospital. The primary intervention focused on the consistent, non-confrontational application of ROT through orientation to person, place, and time, integrated with collaborative pharmacological management.

Results: The findings demonstrated that Reality Orientation Therapy was substantially effective in correcting cognitive distortions and enhancing reality-based thinking abilities. This improvement was evidenced by significant clinical progress and increased scores in reality-oriented thought content, indicating that the delusional nursing problem experienced by Mrs. Y was successfully resolved.

Conclusion: Reality Orientation Therapy can be considered an effective nursing intervention for reducing delusions and improving reality-based thinking in patients with Paranoid Schizophrenia when implemented consistently and collaboratively with pharmacological treatment.

Keywords: Delusions; Paranoid Schizophrenia; Reality Orientation Therapy (ROT).

INTRODUCTION

Schizophrenia is one of the most severe and chronic mental disorders, exerting a significant and destructive impact on individuals' cognitive, emotional, and behavioral functioning, thereby constituting a major priority within the global public health agenda (Lieberman & Schroeder, 2020). Paranoid Schizophrenia is characterized by the predominance of positive symptoms, particularly the presence of

delusions. Delusions are defined as firmly held beliefs that persist despite clear evidence to the contrary and are inconsistent with objective reality as well as the patient's cultural or educational background (Prastika, Mundakir, & Reliani, 2024). Manifestations of delusions, such as grandiose, persecutory, or suspicious beliefs, inherently disrupt fundamental thought processes and result in severe distortions of

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reality perception (Crump, Winkleby, Sundquist, & Sundquist, 2023).

According to the Epidemiologic Catchment Area (ECA) report (2021), the prevalence of schizophrenia in the United States has increased to approximately 30% of the population experiencing mental disorders. This rising prevalence is not only a global phenomenon but is also evident in Indonesia. Data from the 2018 National Basic Health Research (Riset Kesehatan Dasar/Riskesdas) reported a prevalence of schizophrenia or psychosis of 6.7 per 1,000 households in Indonesia, indicating that approximately 6.7 out of every 1,000 households have at least one family member living with schizophrenia or psychosis (Heiberg et al., 2018). Regionally, North Sumatra Province ranked 21st, with a reported prevalence of 6.3% (Sumarno, 2019). In this context, the role of professional nurses is crucial in facilitating reality orientation and establishing therapeutic relationships, enabling patients to gradually differentiate between realistic thoughts and those dominated by delusions (Beatrice, 2023). Consequently, the selection and implementation of evidence-based non-pharmacological therapeutic modalities serve as key indicators of the quality of mental health nursing services (Nurin & Rahmawati, 2023).

Within the framework of non-pharmacological interventions, Reality Orientation Therapy (ROT) is recognized as a highly relevant approach for managing delusions. ROT is a therapeutic technique designed to systematically reorient clients to their surrounding reality, encompassing person, place, and time, without directly confronting delusional content (Pongajow & Lamonge, 2024). Several studies have indicated that the consistent and structured

application of ROT can enhance cognitive orientation and facilitate patients' understanding of their current situations (Ningrum & Zaini, 2023). Furthermore, the effectiveness of this therapy has been reported to contribute to a reduction in the intensity and frequency of delusional content, thereby significantly supporting the restoration of patients' thought processes toward a more reality-based orientation (Rahmania, Ulya, & Fitria, 2022). Therefore, Reality Orientation Therapy constitutes an essential component of nursing care plans for patients experiencing delusional thought process disorders (Rofi & Akbar, 2023).

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RESEARCH METHOD

This study employed a descriptive case study design focusing on the provision of comprehensive nursing care, including assessment, nursing diagnosis, planning, intervention, implementation, and evaluation, with Reality Orientation Therapy (ROT) as the primary intervention. The subject of the study was a single patient, Mrs. Y, who presented with a delusional nursing problem. An intensive and in-depth approach was applied through interviews, direct observation, mental status examination, and medical record review to obtain a comprehensive understanding of the nursing care process. ROT was implemented in four sessions using a non-confrontational approach through consistent orientation to person, place, and time, integrated with collaborative pharmacological therapy. Data were analyzed descriptively by comparing the patient's cognitive and behavioral conditions before and after the intervention to clearly illustrate the process and outcomes of the nursing care provided.

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RESEARCH RESULTS

Table. Clinical Characteristics and Mental Status Assessment of the Patient with Paranoid Schizophrenia

Variable	Results
Patient Identity	Mrs. Y, female, 39 years old
Medical Diagnosis	Paranoid Schizophrenia
Ward	Liliy 4 Ward, Soerojo Hospital, Magelang
Nursing Problem	Delusions
Main Symptoms	Grandiose and somatic delusions
Delusional Content	Believes she is an angel, an important person, two months pregnant, and able to read others' thoughts
Hallucinations	Auditory hallucinations (male voice 1–2 times/day, giving commands to go home)
Behavior	Restlessness, irritability, suspiciousness
Mental Status	Flight of ideas, perseveration, labile affect, disorientation to person
Hospitalization History	Four admissions (2018–2025)

This table presents a concise overview of the patient's demographic characteristics, clinical condition, primary nursing problem, and mental status findings observed during the provision of nursing care for Paranoid Schizophrenia, highlighting key symptoms, behavioral manifestations, and relevant hospitalization history.

DISCUSSION

The nursing diagnosis established was delusions (D.0105). The intervention goal was defined as improvement in orientation status (L.09090), with a focus on reducing delusional verbalizations and behaviors and increasing reality-oriented thought content within a 4×24-hour period. The implementation of nursing care was conducted over four consecutive sessions from October 21 to 24, 2025, with an emphasis on Reality Orientation Therapy (ROT). ROT interventions included introducing the nurse's name,

orienting the patient to person, place, and time, presenting reality while avoiding direct confrontation, and providing a consistent environment and routine. These interventions were integrated with the development of a therapeutic nurse–patient relationship, education on medication adherence, and collaborative administration of antipsychotic medications (clozapine and olanzapine) and mood stabilizers (Frimania, divalproex, and trihexyphenidyl) (Putri, Muqoffa, & Triratma, 2021).

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The implementation of psychiatric nursing care for Mrs. Y centered on sequential Reality Orientation Therapy conducted over four days, accompanied by education and pharmacological collaboration. On the first day, interventions focused on establishing a therapeutic relationship, monitoring delusional symptoms, and initiating medication collaboration (clozapine, Frimania, and olanzapine). The second day represented the core phase of ROT, during which Mrs. Y was consistently oriented to person, place, and time, and reality was repeatedly presented in response to delusional beliefs. This phase resulted in early indications of therapeutic response, as the patient began to express doubt regarding her delusions. On the third day, delusion monitoring continued alongside education on medication adherence, including divalproex and trihexyphenidyl, during which the patient demonstrated cooperation and willingness to take medication appropriately. Finally, on the fourth day, care focused on maintenance and stabilization through monitoring and sustaining daily routines, during which the patient demonstrated self-awareness and utilized diversion activities such as singing and drawing as adaptive coping mechanisms (Goldfarb & Lieberman, 2021).

Evaluation of the nursing care outcomes indicated that the delusional problem was successfully resolved, as evidenced by a marked improvement in the patient's ability to distinguish reality. Initially, the patient exhibited severe delusional speech and behavior with significant difficulty in reality-based thinking. However, following the implementation of Reality Orientation Therapy on Day 2, the patient began to express doubt toward her beliefs, such as being an angel or being two months pregnant, as reflected by a reduction in delusional verbalizations. This improvement continued on Day 3, when Mrs. Y reported awareness of herself as a wife and mother and stated that she no longer experienced auditory hallucinations. By Day 4, the delusional problem was considered resolved, as the patient no longer identified herself as an important person, expressed uncertainty about her ability to read others' thoughts, and demonstrated insight that her

belief of being pregnant was part of her illness, accompanied by an intention to purchase a pregnancy test to verify reality. Overall, these outcomes indicate significant improvement in delusion control and reality-oriented thinking (Hulu, Waruwu, Sihombing, Purba, & Pardede, 2022).

The findings of this case study strongly support the principle that Reality Orientation Therapy has substantial efficacy in correcting cognitive distortions caused by delusions. Mrs. Y's clinical improvement occurred as a direct response to interventions consistently focused on orientation to person, place, and time, which constitute the core components of ROT. This mechanism created a stable therapeutic environment that encouraged the patient to gradually test reality against delusional beliefs, as evidenced by the emergence of doubt and reduced intensity of delusional verbalizations from the early stages of implementation (Lähteenvuo, Batalla, Luykx, Mittendorfer-Rutz, Tanskanen, Tiihonen, & Taipale, 2021).

These results are fully consistent with findings reported in recent studies. The literature emphasizes that ROT functions as a systematic approach to facilitating patients' reorientation to reality within their care (Albar, Karo, & Nindyatami, 2022). Evidence indicates that this approach is effective in improving cognitive orientation and reducing the intensity of delusions through consistent focus on person, place, and time. This therapeutic mechanism creates a predictable and stable environment, enabling patients to gradually evaluate reality in relation to delusional content, as demonstrated in Mrs. Y's case by the early onset of doubt and reduction in delusional verbalizations. Reality Orientation Therapy is inherently non-confrontational, which is critical in managing delusions, as direct confrontation may increase agitation or reinforce delusional beliefs. Studies have shown that this approach effectively enhances cognitive orientation and reduces delusional intensity (Muthmainnah, Syisnawati, Rasmawati, Sutria, & Hernah, 2023). In Mrs. Y's case, the increase in the reality-oriented thought content score from 2 to 3

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serves as clinical evidence that the patient's ability to differentiate between reality and delusional experiences improved significantly (Volkow, 2019).

In this case study provides strong contextual empirical evidence that Reality Orientation Therapy is a highly important and effective psychosocial intervention. When appropriately integrated with pharmacological therapy, ROT becomes a crucial component of comprehensive nursing care for patients with Paranoid Schizophrenia and delusions. This success highlights the vital role of nurses in stabilizing patients' thought processes through the implementation of structured and evidence-based non-pharmacological interventions (Oktaviani & Apriliyani, 2022).

CONCLUSION

This comprehensive case study of Mrs. Y with Paranoid Schizophrenia and delusions demonstrates that Reality Orientation Therapy (ROT) is a highly effective intervention. The structured and non-confrontational implementation of ROT over four days successfully addressed the delusional nursing problem, as evidenced by significant clinical changes from severe grandiose and somatic delusions to the emergence of doubt toward delusional beliefs and, ultimately, the patient's self-awareness as a wife and mother. The mechanism of ROT, which consistently orients patients to person, place, and time, was shown to correct cognitive distortions and enhance reality-based thinking. Therefore, it is recommended that professional nurses incorporate ROT as an essential component integrated with pharmacological therapy in comprehensive nursing care for patients with delusional thought process disorders.

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