

Schizophrenia and Schizoaffective Disorder



Schizophrenia Symptoms

- Schizophrenia is also known as Psychosis, a mental illness that distorts reality from its victims.
- Schizophrenia has two affects: Positive and Negative
- **Positive affects** include active symptoms: hallucinations, delusions, thought disorders, behavioral attributes, paranoia, thoughts of grandeur, loss of identify, voices
- **Negative affects** are non-active symptoms: catatonia (no expression, movement, reflexes to environment)
- Anhedonia (lack of expression of enjoyment)
- Avolition (less motivation, focus on tasks, initiative)
- Negative symptoms account for a substantial portion of the morbidity in schizophrenia but are less common in other psychotic disorders



Definitions

- **Delusions**: fixed beliefs that are not amenable to change in light of conflicting evidence.
 - Can be persecutory, believing they are going to be harassed which are the most common type.
 - Can be Referential which suggest gestures, comments, environmental cues are directed at them
 - Can be grandiose when individual believes they are exceptional in ability, wealthy or famous
 - Erotomantic delusions when someone falsely believes someone is in love with them
 - Nihilistic when they believe a catastrophe will occur
 - Can be of the Somatic type when they are preoccupied regarding their health and organ functioning



Definitions

Hallucinations: perception-like experiences that occur without an external stimulus. They are vivid and clear with the full force and impact of normal perceptions and not under voluntary control. They can be sensory but auditory are the most common type.

The voices are experiences as distinct from the persons thoughts.

Voices may be familiar or unfamiliar



Presentation of Schizophrenia

- Individuals with schizophrenia will often be seen responding to internal stimuli
- They will laugh or respond to a conversation that may be occurring internally
- Sometimes this is not totally controlled by medications and a certain amount of noise will continue even while medicated



Presentation of Schizophrenia

- Schizophrenia appears in many ways
- Not all voices are considered negative
- It would be considered negative if an individual were experiencing command hallucinations during which they were being told to act against other individuals.
- Some individuals can be paranoid and have great difficulty trusting others due to this. Don't take this personally, you can still pursue relationships with these individuals!



Faces of Schizophrenia

- Auditory Hallucinations Exercise
- Four Patients of Schizophrenia
- Juvenile Schizophrenia
- Hearing Voices



Facts About Schizophrenia

- Fact: schizophrenia affects men more than women
- People with schizophrenia frequently face human rights violations world wide with housing, employment, and housing
- People with schizophrenia can undergo treatment and live normal lives
- People with schizophrenia may suffer from shrinking brain - not known if it is from the medications or from the disorder
- Similarly it is suggested that there are an estimated .03% to .07% of prevalence worldwide, dependent upon race.
- Schizophrenia is diagnosed commonly between the ages of 16-30. Rarely are there instances of juvenile schizophrenia
- Men are more likely to develop at an earlier age than women
- Rarely schizophrenia is diagnosed after late 40's.



Diagnosis

- Schizophrenia is diagnosed based upon symptoms. There is no testing that can predict the onset, but family history can provide information on risk factors
- Environmental factors can have an impact on the development of Schizophrenia
- Malnutrition, birthing problems, and psychosocial factors all take place in the development
- Schizophrenia is categorized by perception, thoughts, behaviors, and all factors are considered with or without emotional factors.



Treatment

- Neuroleptics (class of drugs) including Depakote, Clozaril, Risperdal, Abilify, and Zyprexa are common medications used to treat symptoms
- Schizophrenia is still occasionally treated by ECT which is electroconvulsive therapy with a more humane process
- Psychosocial therapies are used to teach proper behaviors in society
 - DBT (Dialectical Behavior Therapy), Cognitive-Behavioral therapy, Cognitive Enhancement Therapy (for early stage Schizophrenia), Counseling
 - Coordinated care assists the individual in employment, housing, family relations, income
 - CMH, Supported Housing, Psychiatrist, Psychologist
- Support Groups provide group gatherings to promote understanding
- Hearing Voices Network



Outlook

- Schizophrenia research is continuing to diagnose, treat, and create interventions to help with the onset of schizophrenia
- Individuals with positive symptoms occasionally need to be under an Alternative Treatment Order (ATO) due to reluctance to accept diagnosis and refusal of treatment
- Individuals occasionally require a structured environment to promote safety from the individual



More Observations

- Some individuals may lack insight or awareness of their disorder. This is typically a symptom, not a coping strategy.
- They may have a dysphoric mood which can become depression, anxiety or anger.
- They may have a disrupted sleep pattern (day sleep and nighttime activity)
- Hostility and aggression can be associated though spontaneous or random assault is not usually.
- Most people with schizophrenia are not aggressive and in fact, are usually victims.



Schizoaffective

- Schizoaffective disorder differs from Schizophrenia where the symptoms suggest there is an additional diagnosis of a major mood episode (major depressive or manic)
- Positive and Negative symptoms
 - Positive symptoms: Active, hallucinations, delusions, paranoia, mania
 - Negative symptoms: Catatonia, isolation, depression, disorganized thinking



Facts About Schizoaffective Disorder

- Schizoaffective disorder has been shown to run in families but is not proven
- Extreme stress can trigger the onset of schizoaffective: death, divorce, childbearing, as it may trigger the mood component
- Drug use may be a trigger of schizoaffective disorder
- Schizoaffective disorder is frequently incorrectly diagnosed as bipolar disorder or schizophrenia because of similar symptoms
- There are additional diagnosis associated with Schizoaffective disorder: PTSD, Anxiety disorder, ADHD, substance abuse



Facts About Schizoaffective Disorder

- An individual with Schizoaffective disorder faces a period where there are positive and negative symptoms with a mood disorder present at the same time
- Two types of schizoaffective:
 - Bipolar type
 - This subtype applies if a manic episode is part of the presentation. Major Depressive episodes may also occur.
 - Hallucinations and delusions may be present during periods of stability
- Depressive type
- This subtype applies only if major depressive episodes are part of the presentation.
- Hallucinations and delusions may be present during periods of stability



What Can Staff Do?

- Recognize these are adults
- Always use a calm, even tone
- Be a part of the solution, not the problem
- Think or say: “what can I do?” instead of saying “no”
- Have a sense of humor
- Recognize this is real
- High adaptability
- Be flexible
- Don’t use false cheerfulness but give real compliments
- Offer choices, not demands
- Don’t challenge delusions, if someone is having an episode, that is not the time. Their reality is real to them.
- Be a good listener
- Ask how you can help



What Can Staff Do?

- If someone becomes escalated, recognize the point of no return and think about safety
- Don't negotiate when someone is beyond that point, let the crisis cycle play out, re-engage verbally when they are ready.
- Be watchful for changes in their baseline (day to day). If there is a change, let someone know
- If someone is becoming paranoid, try not to make direct eye contact, this can increase paranoia
- Try standing side by side rather than right in front if someone is paranoid, helps with partnership view, decreases paranoia.
- Avoid using I/You statements, use he, she, etc. someone paranoid is not rational, direct focus away.
- Don't label, help them save face. Don't use medical terms like "paranoia" If you must discuss, say things like "you were feeling a little suspicious".
- Let them know they are not alone, we are here, we are part of their world and we care!



Faces of Schizoaffective Disorder

- [My Struggle with Schizoaffective Disorder](#)
- [Counseling Diagnostic Assessment Vignette #35](#)



References

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