Clinical Case Scenario

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A. CONTEMPORARY EPIDEMIOLOGICAL INFORMATION?

Schizophrenia is actually a syndrome and a brain disorder that affects 1% of the population, meaning there are all sorts of symptoms that might be associated with it, and different patients might experience different symptoms. Although the symptoms can be broadly categorized into three major areas, positive symptoms, negative symptoms, and cognitive symptoms. In schizophrenia, patients have positive symptoms which are not positive in the sense that they are helpful, but positive in the sense that there is some new feature that does not have any normal or physiologic counterpart. These are the psychotic symptoms, delusions, hallucinations, disorganized speech and disorganized, or catatonic behavior, none of which occur physiologically. Delusions are false beliefs that the person might feel very strongly about, so much that they would not change their mind even if you give them evidence against it. There are all sorts of different delusions, like for example, a delusion of control, whereas somebody thinks that some outside force or person or thing is controlling their actions. They could also be delusions of reference where someone might think that insignificant remarks are directed at them to fix false beliefs. Hallucinations are the second type of positive symptom and could be any kind of sensation that is not actually there, including visual, but also including auditory sensations like hearing voices or commands. Finally, another important set of clues involves epidemiology. Schizophrenia seems to happen slightly more in men than in women with onset in the mid-20s for men but late 20s for women and the clinical signs for schizophrenia are often less severe. Some studies suggest this difference might be due to estrogen regulation of dopamine systems. There does not, however, seem to be any difference among races. Now, treating schizophrenia could be really tricky, and antipsychotic medications are often used, but it

is super important to combine the efforts of several clinicians and health professionals including professionals in therapy or counseling medicine in psychopharmacology.

B. CONTEMPORARY UNDERSTANDING OF ETIOLOGY?

Cognitive symptoms are like not being able to remember things or new things or understand others easily. These symptoms are more subtle and are more difficult to notice and might only be detected if specific tests were performed. An example might be somebody not being able to keep track of several things at once. People with schizophrenia seem to cycle through three phases, typically in order during the prodromal phase, patients might become withdrawn and spend most of their time alone and a lot of times they seem similar to other mental disorders like depression or anxiety disorders. During the active phase, patients experience more severe symptoms like disorganized speech, disorganized behavior, or catatonic behavior. When we think about cultural identity and culture is an individualistic kind of society, a culture or a collectivist family, sometimes family oriented is egocentric versus socio-centric? And based on this that actually influences. Some people see themselves in a relationship with other people. Actually it does influence a couple of other very important items such as how do people deal with authority hierarchical versus terrain cultures communication style. When you have this kind of orientation. How does that affect communication style? And then in turn, how does communication style affect emotional expressive activity? Expressivity and you can then also see what is the relationship to others and to nature, sometimes it is bound up within this individualistic versus collectivistic perspective. When we talk about identity and when those talk about the different kinds of the subsections in each subsection. So under identity, I have the question what aspects of identity are related to culture? Was the individual versus collective

perspective acculturation? Acculturation is the degree to which an individual conforms to majority cultural values and norms, so that is what it means to be culturally. One thing I just want to highlight about acculturation. It is very important when you are assessing someone's cultural identity, not only assessing their perspective on individual versus family. For example, you might also understand how culture rated them. Now, acculturation does not occur broadly, necessarily. People may be very cultured in one area of their life, but not acculturated in another. So for example, they may be acculturated with respect to interpersonal interactions in terms of language and so forth, but for example, marital or sexual behavior may still be very traditional, so you have to think about acculturation not just being broad. If one person is culture in one area, that means their culture is rated everywhere, but it varies. And one advantage of thinking about the level of acculturation. It helps reduce stereotyping because then we know individuals may come from traditional backgrounds, but from that traditional background they may have differences?

How does that relate to identity, communication style, emotional expressivity, and language proficiency? Communication style is super important. Individualistic societies or some more collectivist societies in direct communication may be more highly prized, for example. So in some cultures, it turns out that the prime, spoken word or the written word is really primary, that highlights that a lot, but in others, they may say it does not really matter what they say, but how they say it. And so, therefore, we prize directness, honesty, kind, and straightforwardness. Other people may prize indirectness a little more so for those of you clinicians just be aware of when you do consent, forms, and stuff like that. That may be a very foreign concept, particularly where they come from. It is essential to explain what the purposes of the consent form are.

Paralanguage whatsoever you are trying to convey is very important. European and Asian cultures tend to have lower tones, not so much emotional tone when they talk. Ultimately that would be the parallel language that might also include space or silence in language. How much silence are you willing to tolerate in a conversation? Again, traditionally there may be more sensitivity that the client should be silent and wait for your prompting to respond to them. So if the person is silent, it does not necessarily mean they are being guarded. That may be a way of showing respect for you.

C. OPTIMAL ASSESSMENT STRATEGY?

There are three Central phases of schizophrenia. So the first phase is called the prodromal. This is where a person has a decline in functioning that precedes the first psychotic episode. Patients may become socially withdrawn and irritable during this phase. Next, they have psychotic symptoms. This is where there are perceptual disturbances. Delusions, disorganized thought process and content. And then there is a residual fate. This occurs between episodes of psychosis and it is marked by a flat affect, social withdrawal and odd thinking or behaviors. Another question to consider, what is the strongest predictor of treatment outcome in a first episode? Of a psychotic break or a first diagnosis of schizophrenia? The answer is the duration of presenting symptoms before treatment. For example, if somebody gets into treatment very early when they have only had symptoms for a brief period of time, they are much more likely to have a good treatment response and outcome than somebody who is languishing with psychotic symptoms for weeks, months or even years before ever getting into treatment. Here is another question. What subtype of schizophrenia is associated with a better short and long term outcome? The specific subtype is the paranoid subtype. This has the best treatment outcomes

short and long-term. What are these positive and negative symptoms? Well, there are ways that we classify the symptoms associated with schizophrenia. And there are several different types as you can see here. Maybe take a moment and try to think to yourself which category each symptom falls under. The positive symptoms, usually being the more active, expansive type symptoms and negative symptoms being the more quiet. Withdrawn type of symptoms see if you can assign the correct symptom to the correct category. Positive symptoms of schizophrenia include things like disorganized thoughts, bizarre behavior, delusions and hallucinations, negative symptoms, or things like blunted or flat affect, inattentiveness, apathy. The answer is hallucinations, delusions, thought, insertion, thought, withdrawal and thought, broadcasting well? In this Country or in the world a 10% of the population suffers from depression at any particular time. Prevalence, which is a lifetime prevalence over the course of a person's lifetime. The prevalence of depression would be a higher number because it is not just looking at any particular time, but it is looking over a lifetime. The ratio between men and women according to studies shows that women have a higher incidence of depression than men. That would be part of that epidemiological data. Comorbidity with other disorders. According to Mash (2016), schizophrenia is extremely rare in children under 12 years of age. It begins to increase dramatically in frequency in adolescence and early adulthood, with a modal onset at around 22 years of age (p.189).

D. OPTIMAL INTERVENTIONS/TREATMENT APPROACH?

The DSM-5 explains the cultural formulation.

- Cultural Identity
- Explanatory Models of Illness

- Cultural Stressors and Supports
- Cultural Elements of the Relationship with clinicians
- Overall Assessment: Impact of culture on assessment/diagnosis and treatment plan

It is recommended that psychiatrists or mental health professionals using the DSM-5 think about cultural formulation, with their clients. And it does not need to be clients of people who are of a different culture than yourself. But just to think about the cultural identity, when working with someone or their family, think about what is cultural identity, and the models of illness. How do people understand their illness, cultural stressors and support? What are the cultural things that could help or exacerbate illness? And then, what are some cultural elements of the relationship with the clinician? What are some of the cultural issues that a clinician needs to be aware of, and the idea that forces a clinician to be systematic. It is dynamic for a clinician to do and super useful to have all the elements in your mind that you know you can go to when thinking about these mental health issues. Following an active phase, patients often enter into a residual phase where they might exhibit cognitive symptoms, like not being able to concentrate or becoming withdrawn. Again, as with the prodromal phase. For an official diagnosis of schizophrenia, patients need to be diagnosed.

Basically they could not have just disorganized behavior and negative symptoms. Even though some patients have cognitive symptoms as well, they are specifically needed for a diagnosis. Also, though, for a diagnosis signs of these disturbances must be ongoing for at least six months, meaning that they are likely in one phase or another for a period of six months, but there must be at least one month of active phase symptoms. The most empirical therapy for schizophrenia is

talking therapies like cognitive behavioral therapy (CBT). It aims to train people in a new way of thinking. It is also beneficial for anxiety and depression to combat negative thoughts.

References

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Mash, E.J.,Wolfe, (2019) Abnormal Child Psychopathology, Seventh edition. Hoboken, NJ: Wiley and Sons Inc. (p.186-189).