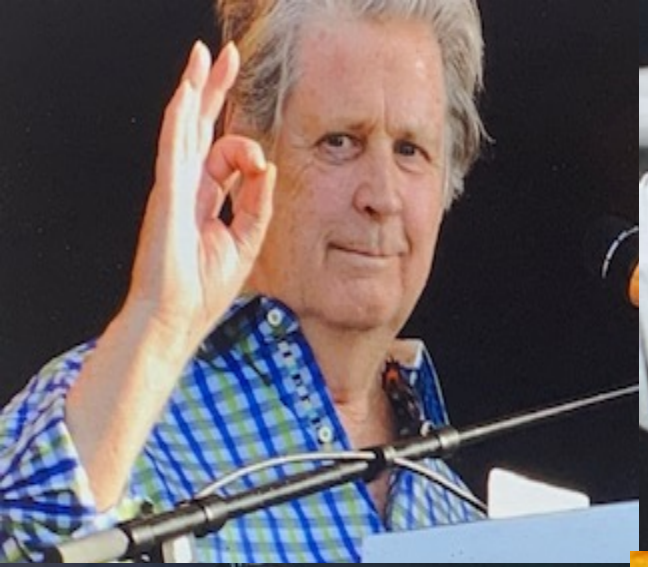






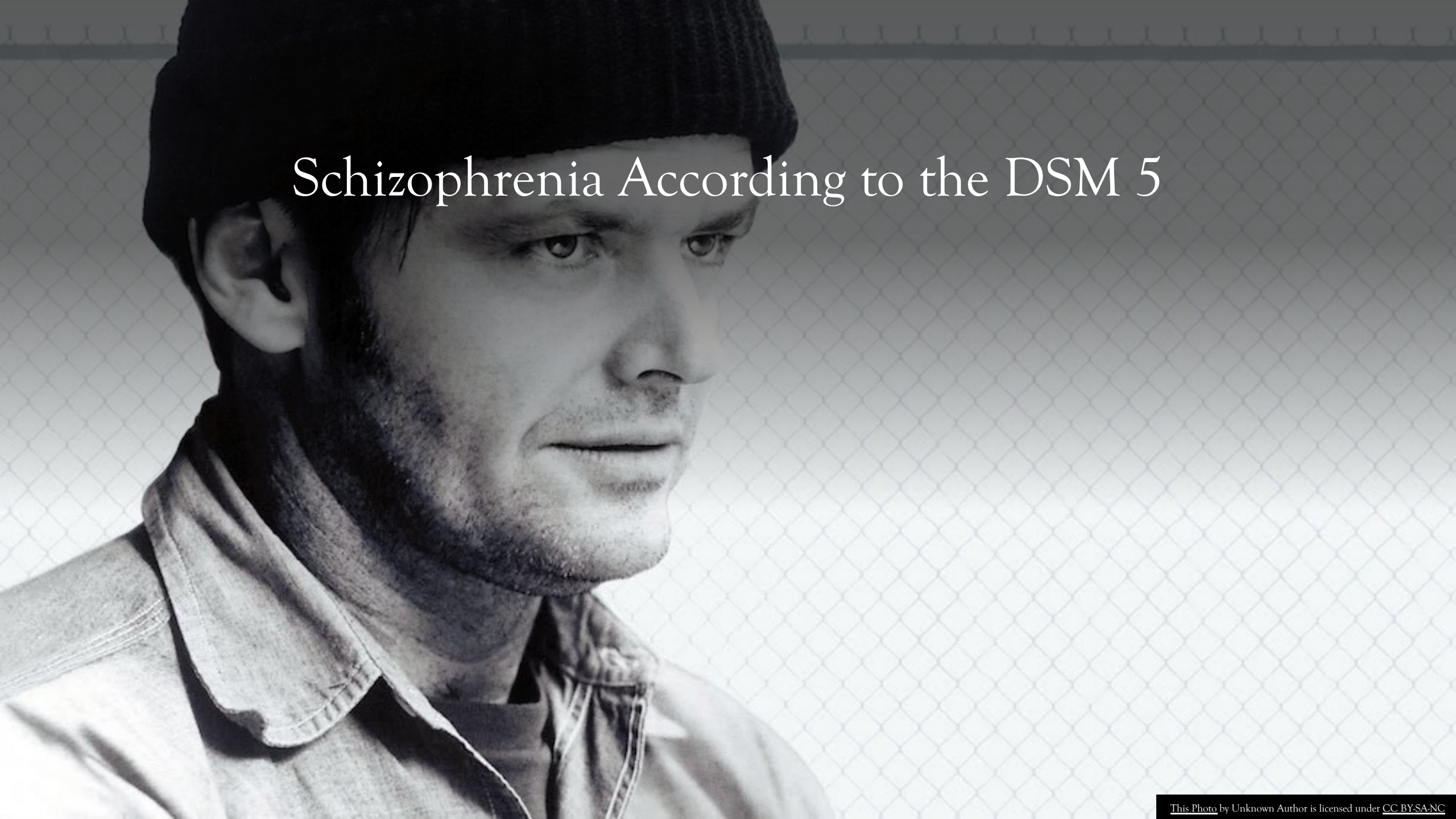




Treatment and Diagnosis of Individuals with Schizophrenia

BY LAUREN DAILEY SMALLING, MSW, LCSW

Schizophrenia According to the DSM 5



Who Am I?

How Do I Know?

- Delusions
- Hallucinations
- Disorganized Thinking
- Catatonia
- Negative Symptoms

How Do I Know? *Delusions*

- Persecutory
- Referential
- Grandiose
- Erotomanic
- Nihilistic
- Somatic
- Bizarre

How Do I Know? *Hallucinations*

- Auditory
- Visual
- Tactile
- Olfactory

How Do I Know?
Disorganized Thinking and Catatonia

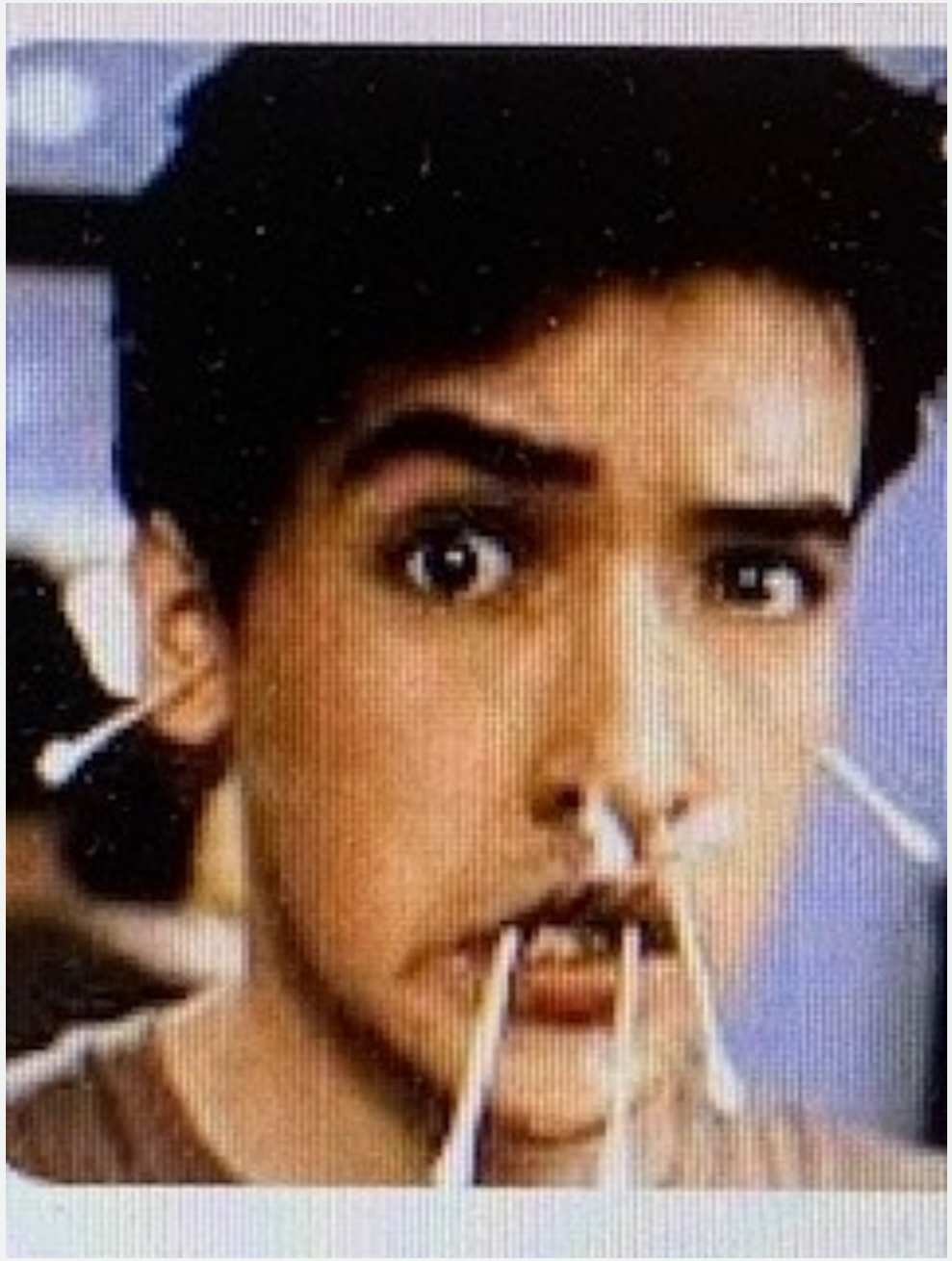
Derailment

Loose Associations

Abnormal Behavior

How Do I Know? *Negative Symptoms*

- Diminished Emotional Expression
- Alogia
- Anhedonia
- Asociality



A Word On Paranoia

Treating Schizophrenia

CBT

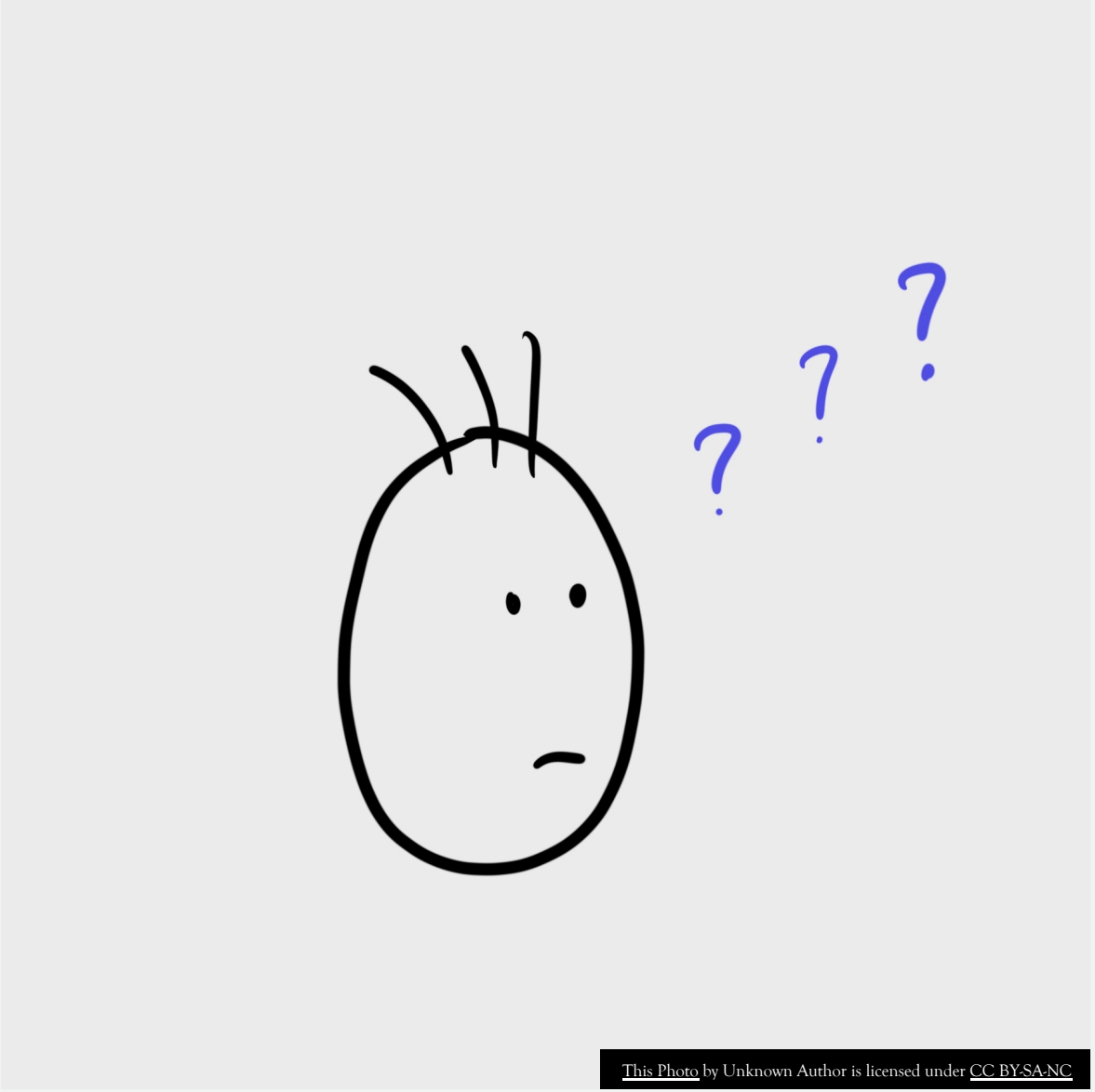
GROUNDING

Medications Are Important

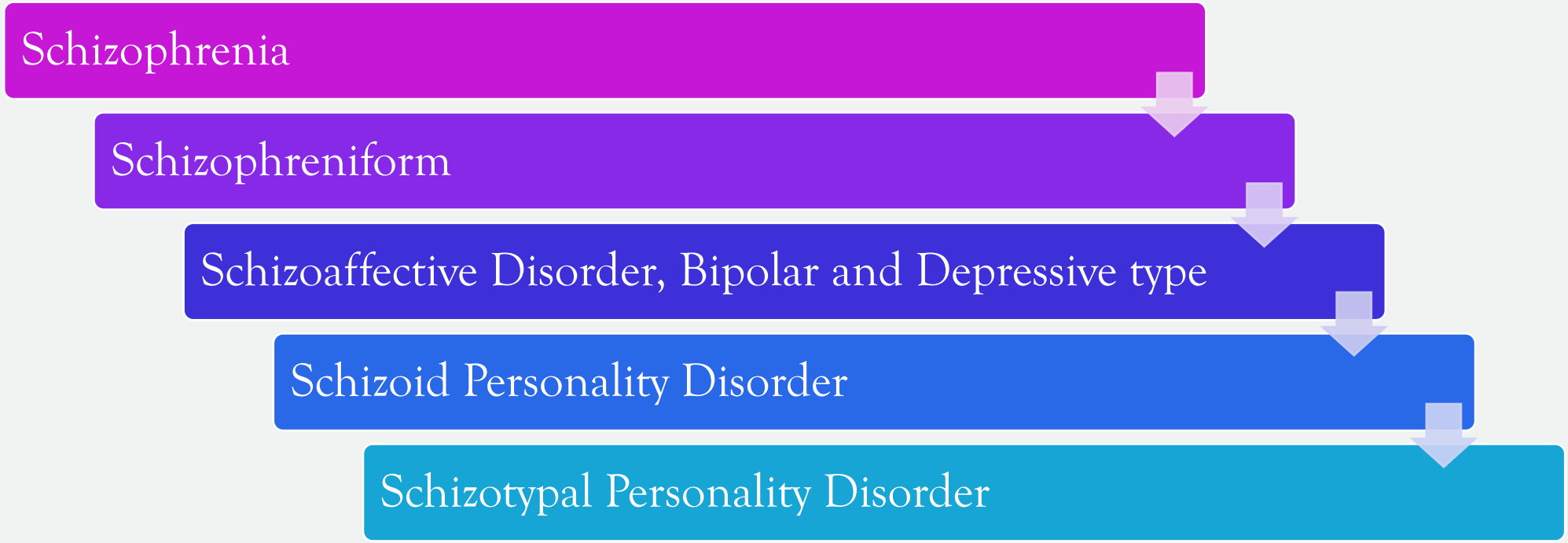
Communication and Wrap Around Services

Schizophrenia in Adolescents

WHY DO WE HESITATE?



The Schizophrenia Spectrum



Schizophrenia

Diagnostic Criteria

295.90 (F20.9)

A. Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be (1), (2), or (3):

1. Delusions.
2. Hallucinations.
3. Disorganized speech (e.g., frequent derailment or incoherence).
4. Grossly disorganized or catatonic behavior.
5. Negative symptoms (i.e., diminished emotional expression or avolition).

B. For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas, such as work, interpersonal relations, or self-care, is markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, there is failure to achieve expected level of interpersonal, academic, or occupational functioning).

C. Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or by two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

D. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms, or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

F. If there is a history of autism spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in addition to the other required symptoms of schizophrenia, are also present for at least 1 month (or less if successfully treated).

First episode, currently in partial remission: Partial remission is a period of time during which an improvement after a previous episode is maintained and in which the defining criteria of the disorder are only partially fulfilled.

First episode, currently in full remission: Full remission is a period of time after a previous episode during which no disorder-specific symptoms are present.

Multiple episodes, currently in acute episode: Multiple episodes may be determined after a minimum of two episodes (i.e., after a first episode, a remission and a minimum of one relapse).

Multiple episodes, currently in partial remission

Multiple episodes, currently in full remission

Continuous: Symptoms fulfilling the diagnostic symptom criteria of the disorder are remaining for the majority of the illness course, with subthreshold symptom periods being very brief relative to the overall course.

Unspecified

Specify if:

With catatonia (refer to the criteria for catatonia associated with another mental disorder, pp. 119–120, for definition).

Coding note: Use additional code 293.89 (F06.1) catatonia associated with schizophrenia to indicate the presence of the comorbid catatonia.

Specify current severity:

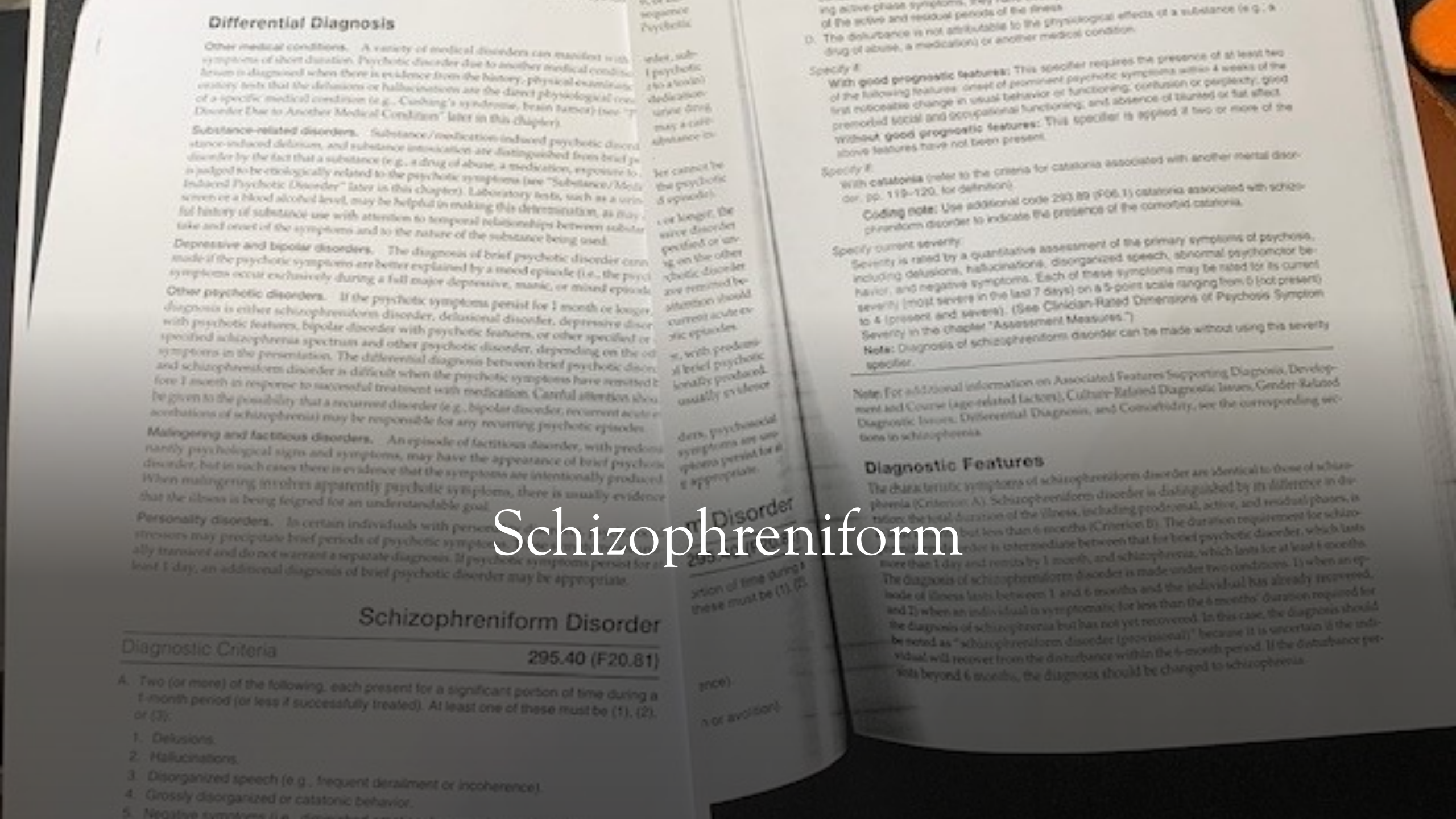
Severity is rated by a quantitative assessment of the primary symptoms of psychosis, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms. Each of these symptoms may be rated for its current severity (most severe in the last 7 days) on a 5-point scale ranging from 0 (not present) to 4 (present and severe). (See Clinician-Rated Dimensions of Psychosis Symptom Severity in the chapter "Assessment Measures.")

Note: Diagnosis of schizophrenia can be made without using this severity specifier.

Diagnostic Features

The characteristic symptoms of schizophrenia involve a range of cognitive, behavioral, and emotional dysfunctions, but no single symptom is pathognomonic of the disorder. The diagnosis involves the recognition of a constellation of signs and symptoms associated with impaired occupational or social functioning. Individuals with the disorder will vary substantially on most features, as schizophrenia is a heterogeneous clinical syndrome.

At least two Criterion A symptoms must be present for a significant portion of time during a 1-month period or longer. At least one of these symptoms must be the clear presence of delusions (Criterion A1), hallucinations (Criterion A2), or disorganized speech (Criterion A3). Grossly disorganized or catatonic behavior (Criterion A4) and negative symptoms (Criterion A5) may also be present. In those situations in which the active-phase symptoms remit within a month in response to treatment, Criterion A is still met if


Differential Diagnosis
Schizophreniform Disorder
Diagnostic Criteria
295.40 (F20.81)
Diagnostic Features
Schizophreniform

Schizoaffective

...manic event and characteristic symptom features relating to reliving or reacting to the event are required to make the diagnosis.

Autism spectrum disorder or communication disorders. These disorders may also have symptoms resembling a psychotic episode but are distinguished by their respective deficits in social interaction with repetitive and restricted behaviors and other cognitive and communication deficits. An individual with autism spectrum disorder or communication disorder must have symptoms that meet full criteria for schizophrenia, with the addition of hallucinations or delusions for at least 1 month, in order to be diagnosed with schizophrenia as a comorbid condition.

Other mental disorders associated with a psychotic episode. The diagnosis of schizophrenia is made only when the psychotic episode is persistent and not attributable to the physiological effects of a substance or another medical condition. Individuals with a delirium or major or minor neurocognitive disorder may present with psychotic symptoms, but these would have a temporal relationship to the onset of cognitive changes consistent with those disorders. Individuals with substance/medication-induced psychotic disorder may present with symptoms characteristic of Criterion A for schizophrenia, but the substance/medication-induced psychotic disorder can usually be distinguished by the chronological relationship of substance use to the onset and remission of the psychosis in the absence of substance use.

Comorbidity

Rates of comorbidity with substance-related disorders are high in schizophrenia. Over half of individuals with schizophrenia have tobacco use disorder and smoke cigarettes regularly. Comorbidity with anxiety disorders is increasingly recognized in schizophrenia. Rates of obsessive-compulsive disorder and panic disorder are elevated in individuals with schizophrenia compared with the general population. Schizotypal or paranoid personality disorder may sometimes precede the onset of schizophrenia.

Life expectancy is reduced in individuals with schizophrenia because of associated medical conditions. Weight gain, diabetes, metabolic syndrome, and cardiovascular and pulmonary disease are more common in schizophrenia than in the general population. Poor engagement in health maintenance behaviors (e.g., cancer screening, exercise) increases the risk of chronic disease, but other disorder factors, including medications, lifestyle, cigarette smoking, and diet, may also play a role. A shared vulnerability for psychosis and medical disorders may explain some of the medical comorbidity of schizophrenia.

Schizoaffective Disorder

Diagnostic Criteria

A. An uninterrupted period of illness during which there is a major mood episode (major ... (manic) concurrent with Criterion A of schizophrenia.

...(Criterion A1: Depressed mood.

Specify whether:

295.70 (F25.0) Bipolar type: This subtype applies if a manic episode is part of the presentation. Major depressive episodes may also occur.

... Depressive type: This subtype applies if only major depressive ep... presentation.

Specify if:

With catatonia (refer to the criteria for catatonia associated with another mental disorder, pp. 119–120, for definition).

Coding note: Use additional code 293.89 (F06.1) catatonia associated with schizoaffective disorder to indicate the presence of the comorbid catatonia.

Specify if:

The following course specifiers are only to be used after a 1-year duration of the disorder and if they are not in contradiction to the diagnostic course criteria.

First episode, currently in acute episode: First manifestation of the disorder meeting the defining diagnostic symptom and time criteria. An acute episode is a time period in which the symptom criteria are fulfilled.

First episode, currently in partial remission: Partial remission is a time period during which an improvement after a previous episode is maintained and in which the defining criteria of the disorder are only partially fulfilled.

First episode, currently in full remission: *Full remission* is a period of time after a previous episode during which no disorder-specific symptoms are present.

Multiple episodes, currently in acute episode: Multiple episodes may be determined after a minimum of two episodes (i.e., after a first episode, a remission and a minimum of one relapse).

Multiple episodes, currently in partial remission

Multiple episodes, currently in full remission

Continuous: Symptoms fulfilling the diagnostic symptom criteria of the disorder are remaining for the majority of the illness course, with subthreshold symptom periods being very brief relative to the overall course.

Unspecified

Specify current severity:

Severity is rated by a quantitative assessment of the primary symptoms of psychosis, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms. Each of these symptoms may be rated for its current severity (most severe in the last 7 days) on a 5-point scale ranging from 0 (not present) to 4 (present and severe). (See Clinician-Rated Dimensions of Psychosis Symptom Severity in the chapter "Assessment Measures.")

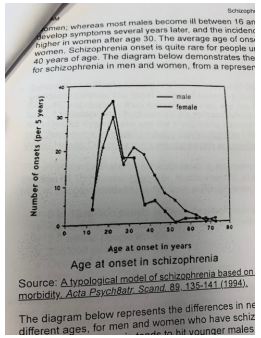
Note: Diagnosis of schizoaffective disorder can be made without using this severity specifier.

Charts and Graphs

Age at Onset

Episodes of Schizophrenia

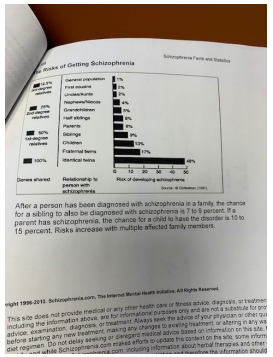
Risks of Getting Schizophrenia

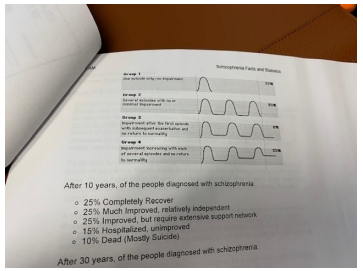


Age at onset in schizophrenia

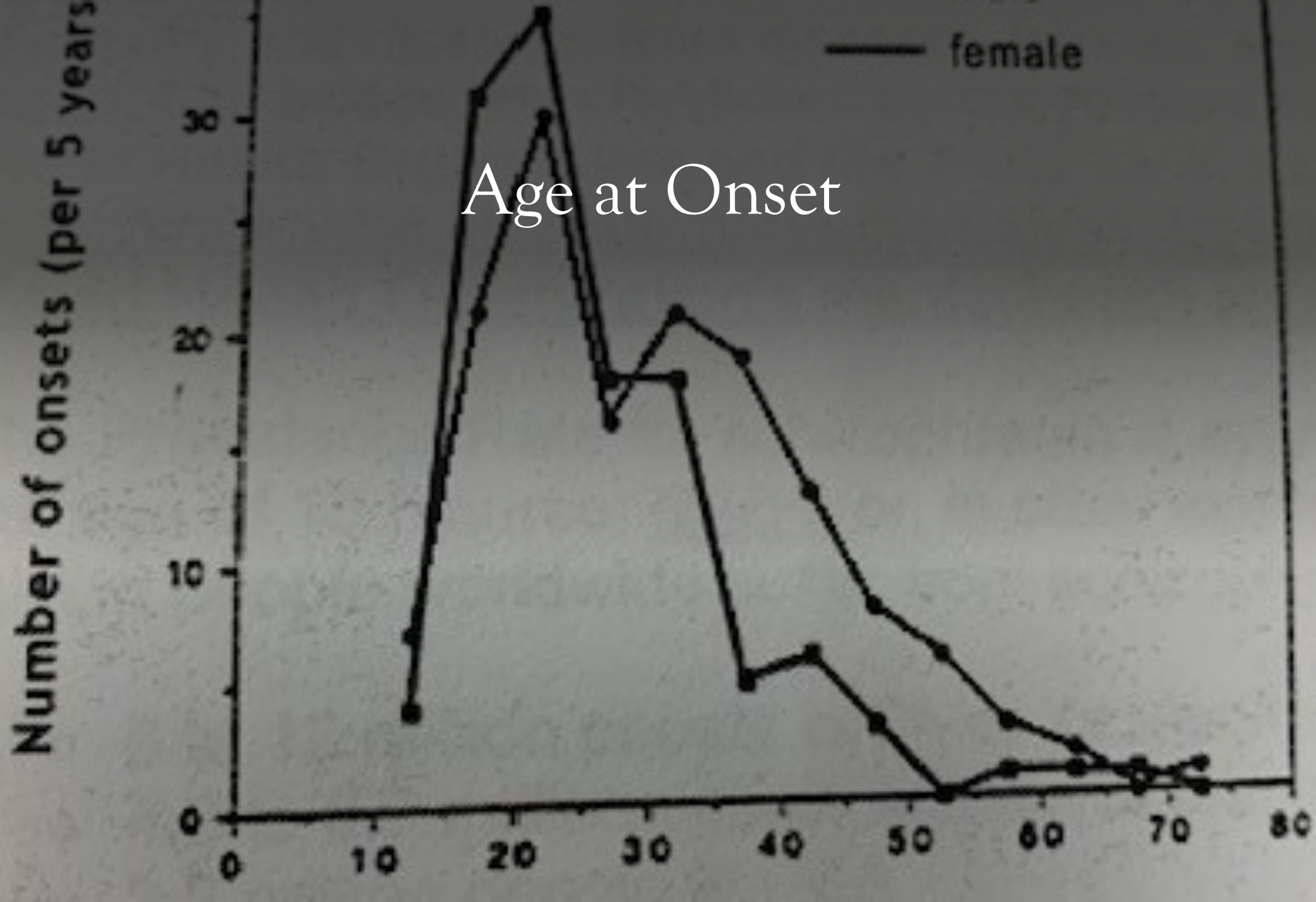
Source: A typological model of schizophrenia based on morbidity. *Acta Psychiatr. Scand.* 89, 135-141 (1994).

The diagram below represents the differences in ne
different ages, for men and women who have schiz

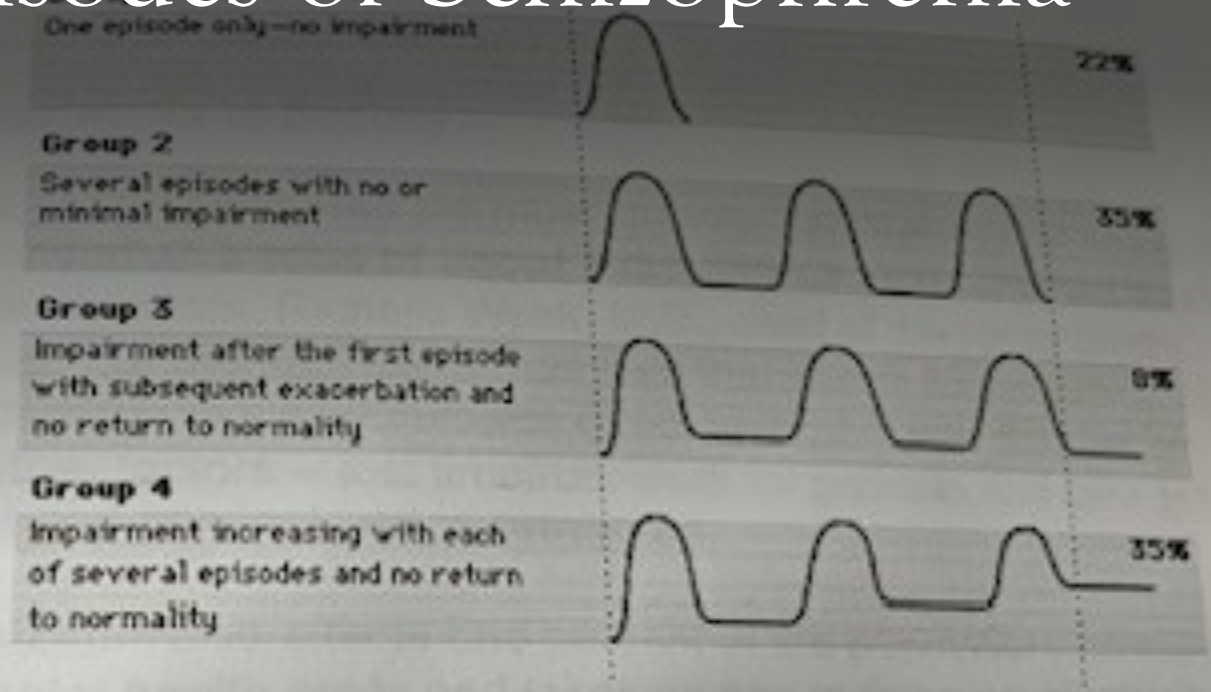




Age at Onset


female
Number of onsets (per 5 years
30
20
10
0
0
10
20
30
40
50
60
70
80

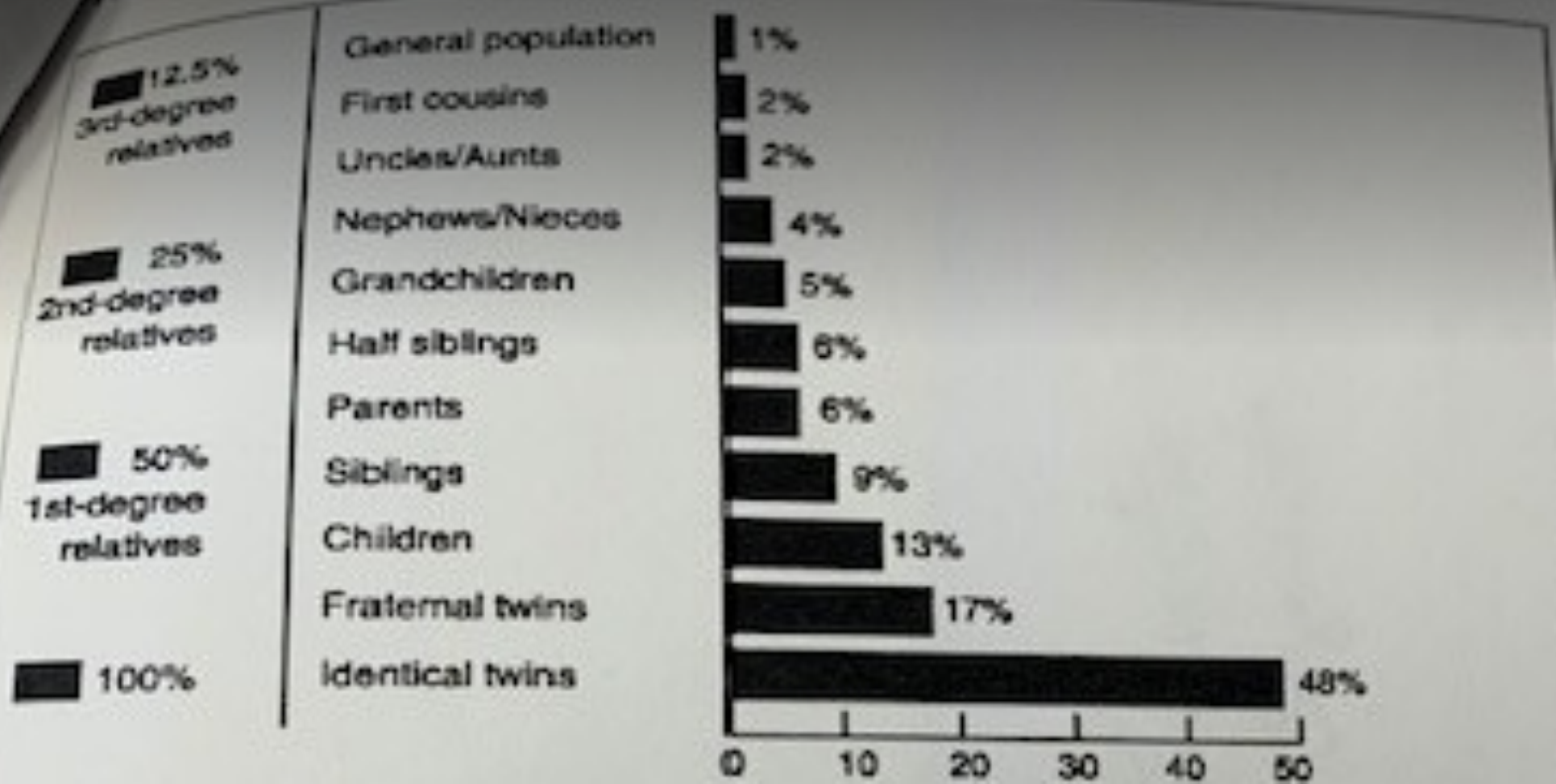
Episodes of Schizophrenia



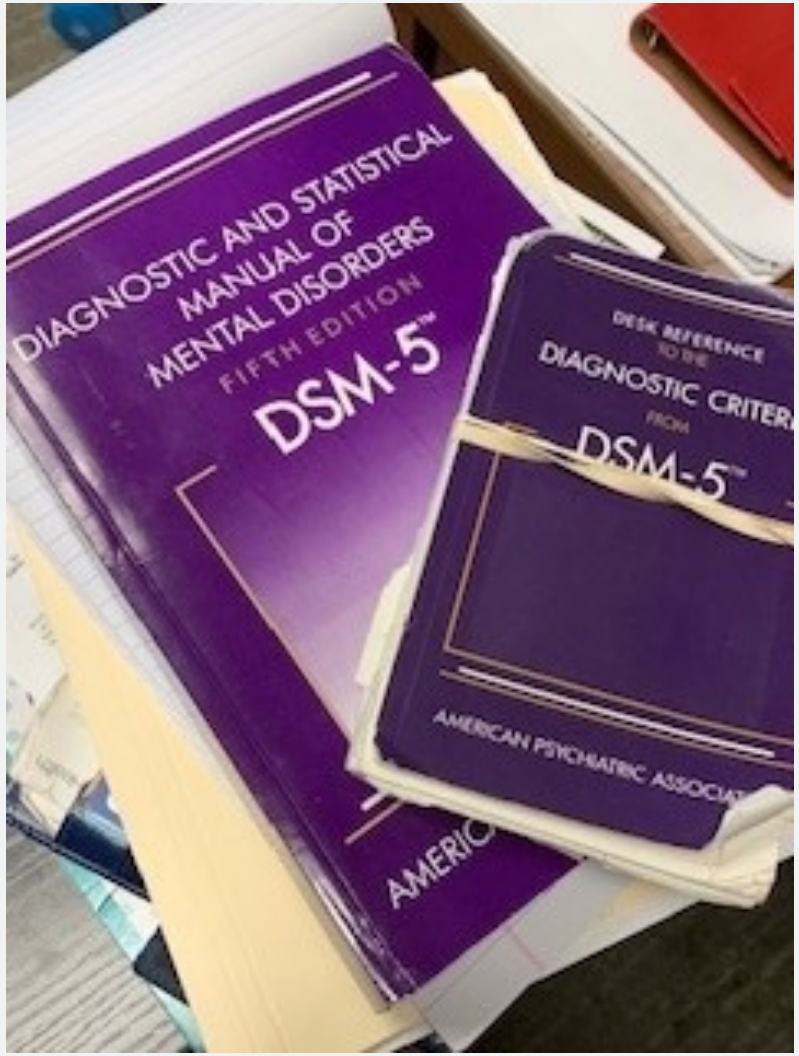
After 10 years, of the people diagnosed with schizophrenia:

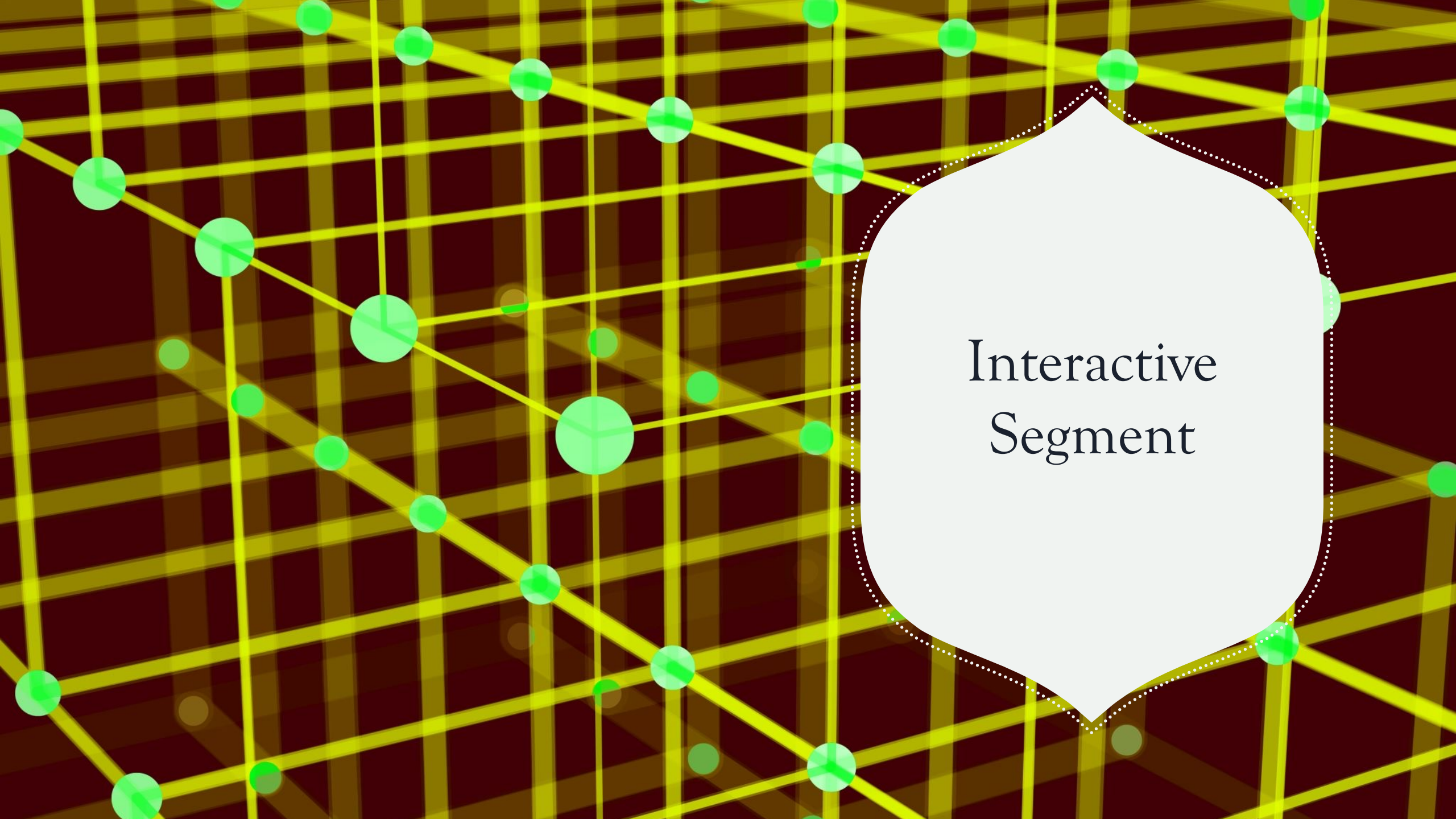
- 25% Completely Recover
- 25% Much Improved, relatively independent
- 25% Improved, but require extensive support network

Risks of Getting Schizophrenia



The Importance of the DSM 5



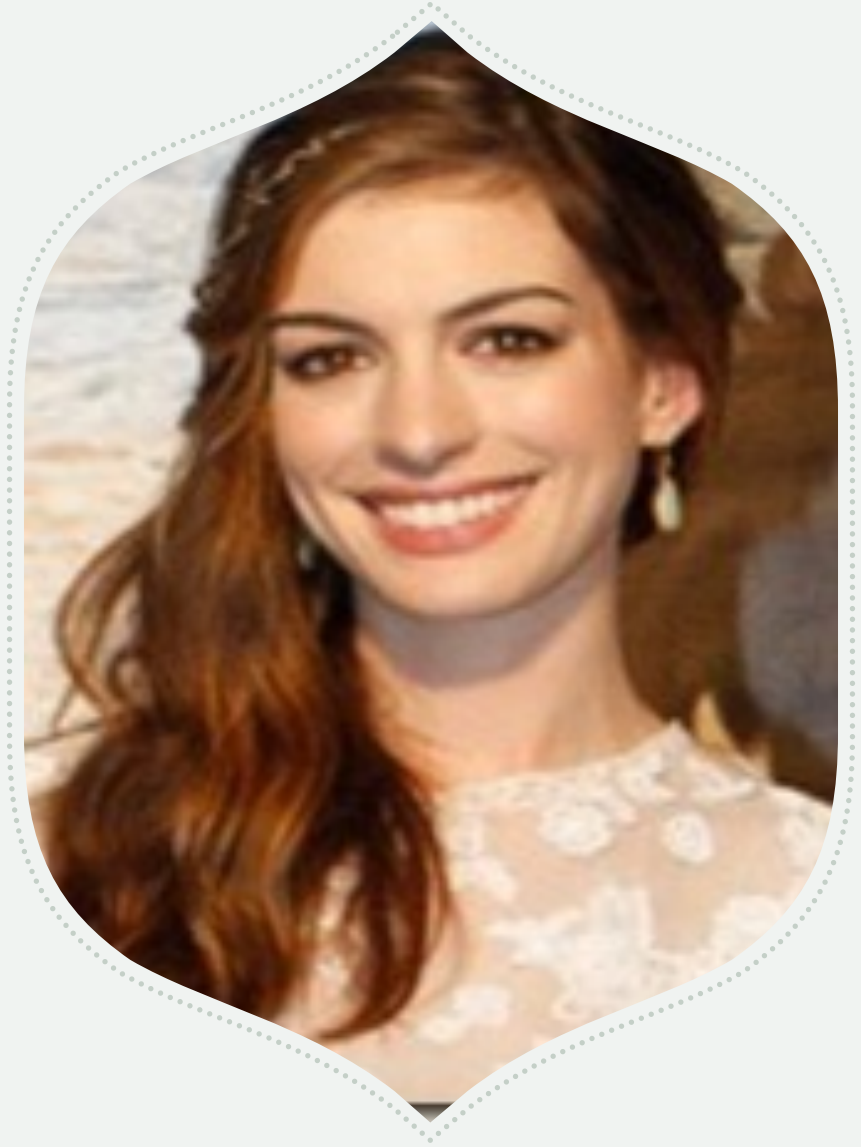

Interactive
Segment

Eli

- **My name is Eli, and I am a twenty-seven year old Caucasian male. I first started hearing voices when I was six years old. I heard the voice of Satan telling me to give me back his wallet. I did not hear the voices all the time, just sometimes at night. I was very good at school making straight A's all through high school and graduated with a 4.0 grade point average. I did not make it through college though, because I started worrying that my professors were actually aliens trying to extract information about the planet from my brain. I was hospitalized once at the age of twenty after I was found barking in the subway at some people I believed to be aliens. Police were called, and I went straight to the hospital where I stayed for seven days. While in the hospital, I was convinced that I was actually staying in a spaceship on my way to Luna, a planet that has not yet been discovered by people on Earth. I was put on anti-psychotic medication which I took until recently. Since I stopped taking my medications, I started having thoughts about the aliens again.**

Questions for Eli

- Have you ever been diagnosed with anything before?
- Do you have any history of substance use?
- Do you mind completing depression and anxiety assessments with me?
- How long did you stay on your medications?
- Do you have any medical conditions?
- Were you ever hospitalized after the first time?
- What's the longest that you remember having these thoughts about aliens?
- Have you ever had suicidal thoughts?



Ella

- **Hi, I'm Ella, and I am a 30-year old female with a history of Bipolar Disorder. I refuse to take medications, because they do not help, and I am an artist and cannot be contained within the confines of pills and taking pills. I was diagnosed as a teenager after I vandalized the school. They said I was "experiencing psychotic features." I guess that's on account of me telling the teacher who found me that I was commissioned to paint the mural I was working on. Despite being told by doctors that I need medications, I continue to live life as a free lance artist surfing on couches. I smoke marijuana every day and methamphetamines when I can get it. I have never injected.**

Questions for Ella

Have you ever been hospitalized? How many times?

When did you start smoking marijuana?

How often do you use methamphetamines – how many days in the last month have you used?

Have you ever felt that perhaps you do need medications?

What brings you here today?

Noah

- **Hello. I am a ten-year old male who sees shadow people. I have had this superpower for as long as I can remember. At times I think the Pillsbury dough boy is following me. Actually, I know he is. I watched old episodes of "Everest" on Youtube and sometimes think those sherpas want to secretly sabotage the other climbers, but I can't prove it yet. I never know when the shadow people will follow me, but I am excited for school to start back. I hate being alone. I was told from the doctor in the last hospital I stayed in that I have been monitored for a year and that I was symptomatic, or "crazy," for half the time. I'll never eat a Grands biscuit.**

Questions for Noah

I see you just had a birthday – Happy birthday Noah!

Do you remember how many times you have been in the hospital?

What grade are you going into?

Do you mind if I ask your parent/legal guardian some questions as well?

What is your sleep schedule like?

Do you see the shadow people at night, or during the day, or both?

(To Mom) Are you open to Noah taking medications?

Do you feel like the shadow people are there to hurt you?

Do the shadow people ever speak to you?

Have you ever had outpatient therapy before?

Quotes About Schizophrenia

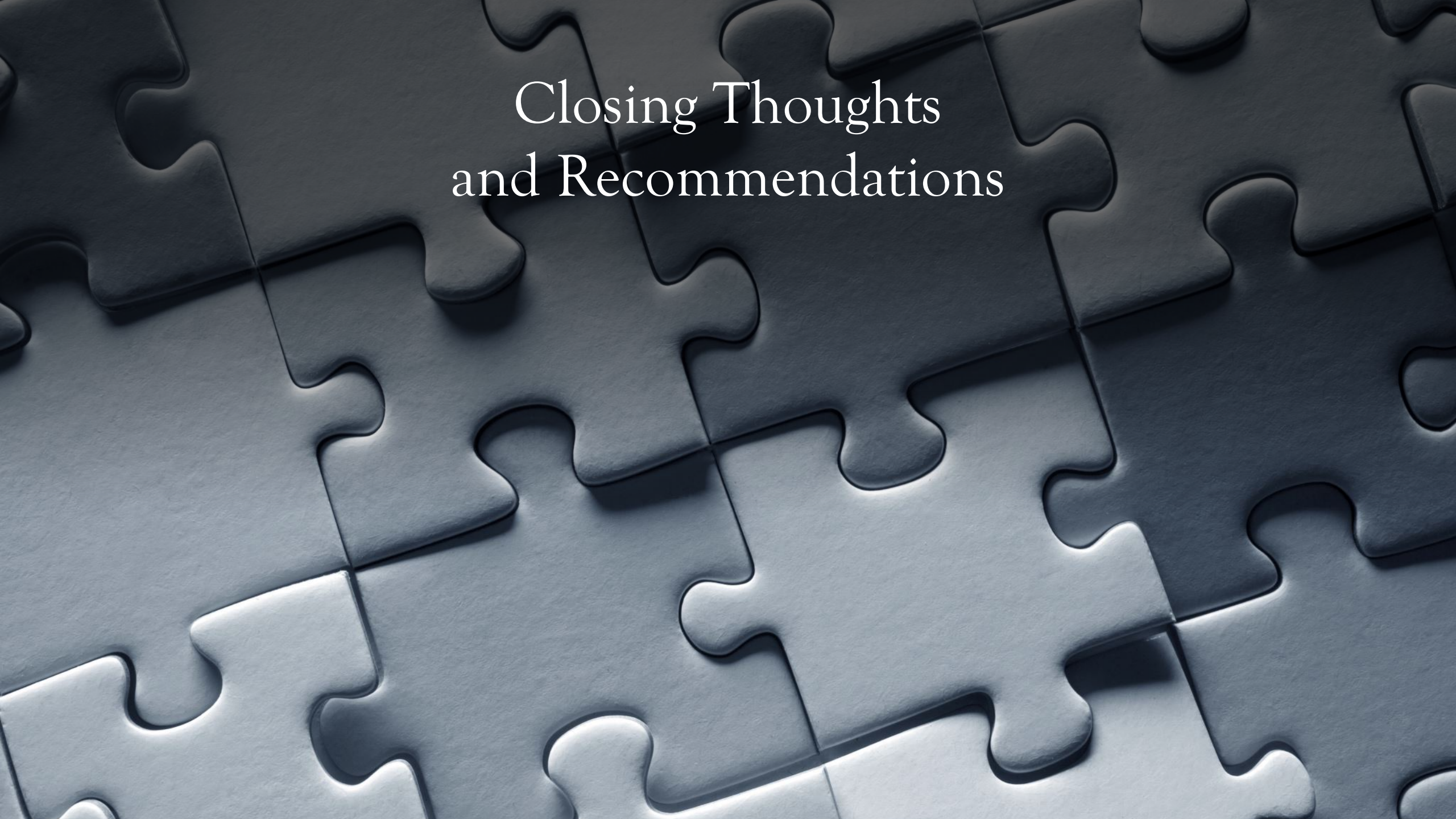
“I needed to put two critical ideas together: that I could both be mentally ill and lead a rich and satisfying life.”
— Elyn R. Saks, “The Center Cannot Hold: My Journey Through Madness”

“As well as being one of the worst things that can happen to a human being, schizophrenia can also be one of the richest learning and humanizing experiences life offers.”
— Mark Vonnegut in his “Letter to Anita” at the end of “The Eden Express: A Personal Account of Schizophrenia”

“People are always selling the idea that people who have mental illness are suffering. But it’s really not so simple. I think mental illness or madness can be an escape also.”
— John Nash, PBS interview

“Perhaps it is good to have a beautiful mind, but an even greater gift is to discover a beautiful heart.”
— John Nash

“Even though the Voices were far more intense in the hospital than before, in some ways they were less frightening. When I was in high school and college, they had sneaked up on me, blasting out of the airwaves almost without warning. By now, they had become almost familiar. I hated them. I suffered from them. But they seemed almost a normal part of living. I knew them. I understood them and they understood me.”
— Lori Schiller, “The Quiet Room: A Journey Out of the Torment of Madness”



Closing Thoughts and Recommendations

References

DSM – 5

Schizophrenia.com (charts and stats)

Webmd.com/schizophrenia/ss/slideshow-schizophrenia-famous-names (images)

Psychcentral.com/schizophrenia/quotes-on-living-with-schizophrenia#schizophrenia-quotes (quotes)

Better Off Dead (1985)