

## Education session one-Schizophrenia

*I know from interviewing you both previously that you both are familiar with the dx that \_\_\_\_\_ has been given, and that is schizophrenia..*

*What does schizophrenia mean to you? What kind of effect has it had on you?*

### Go over common myths

Look at myths page

### Explain the diagnosis

#### Prevalence for Schizophrenia disorder in the general population

About one in every one hundred people (1 percent) develops schizophrenia at some time during his or her life. Schizophrenia is one of the most common serious psychiatric disorders. More hospital beds are occupied by persons with this diagnosis than any other psychiatric disorder.

#### Course of Disorder

The disorder usually begins in late adolescence or early adulthood often between the ages of sixteen and thirty. The disorder is a life long one, although symptoms gradually tend to improve over the person's life. The severity of symptoms usually varies overtime, at times requiring hospitalization for treatment. However, most clients have at least some symptoms throughout their lives.

#### How diagnosis is established

Schizophrenia can only be diagnosed by a clinical interview. The purpose of the interview is to determine whether the client has experienced specific "symptoms" of the disorder, and whether these symptoms have been present long enough to merit the diagnosis. In addition to conducting the interview, the diagnostician must also check to make sure that the client is not experiencing any physical problems that could cause symptoms similar to schizophrenia, such as a brain tumor or alcohol or drug abuse.

Schizophrenia can not be diagnosed with a blood test, an X ray , a CAT scan, or any other laboratory test. An interview is necessary to establish the diagnosis.

#### Symptoms

*I would like to spend a few minutes talking about symptoms. It is easy for me to give you a definition of each of these symptoms but when it comes down to explaining what these symptoms are actually like, \_\_\_\_\_ is the expert. I would appreciate your help, in helping your family understand more about some of these symptoms. Is that okay with you?*

## The Characteristic Symptoms of Schizophrenia

The diagnosis of schizophrenia requires that the client experience some decline in social functioning for at least a six-month period, such as problems with school or work, social relationships or self-care. In addition, some other symptoms are commonly present. The symptoms of schizophrenia can be divided into three broad classes: positive symptoms, negative symptoms and other symptoms. A person with schizophrenia has some (but not all) of the symptoms described below.

### *Positive Symptoms*

Positive symptoms refer to thoughts, perceptions and behaviors that are ordinarily absent in people in the general population, but are present in person with schizophrenia. These symptoms often vary over time in their severity, and may be absent for long periods in some clients.

**Hallucinations.** Hallucinations are false perceptions; that is hearing, seeing, feeling or smelling things that are not actually there. The most common type of hallucinations are *auditory hallucinations*. Clients sometimes report hearing voices talking to them or about them, often saying insulting things, such as calling them names. These voices are usually heard through the ears and sound like other human voices.

**Delusions.** Delusions are false beliefs; that is, a belief that the client holds but that others clearly see is not true. Some clients have paranoid delusions, believing that others want to hurt them. *Delusions of reference* are common, in which the client believes that something in the environment is referring to him or her when it is not (such as the television talking to the client). *Delusions of control* are beliefs that others can control one's actions. Clients hold these beliefs strongly and cannot usually be "talked out" of them.

**Thinking Disturbances.** The client talks in a manner that is difficult to follow, an indication that he or she has a disturbance in thinking. For example, the client may jump from one topic to the next, stop in the middle of the sentence, make up new words, or simply be difficult to understand.

### *Negative Symptoms*

Negative symptoms are the opposite of positive symptoms. They are the absence of thoughts, perceptions, or behaviors that are ordinarily present in people in the general population. These symptoms are often stable throughout much of the client's life.

**Blunted Affect.** The expressiveness of the client's face, voice tone, and gestures is diminished or restricted. However, this does not mean that the person is not reacting to his or her environment or having feelings.

**Apathy.** The client does not feel motivated to pursue goals and activities. The client may feel lethargic or sleepy and have trouble following through on even simple plans. Clients with apathy often have little sense of purpose in their lives and have few interests.

**Poverty of Speech or Content of Speech.** The client says very little, or when he or she talks, it does not amount to much. Sometimes conversing with the client can be unrewarding.

**Anhedonia.** The client experiences little or no pleasure from activities that he or she used to enjoy or that others enjoy. For example, the person may not enjoy watching a sunset, going to the movies, or a close relationship with another person.

**Inattention.** The client has difficulty attending and is easily distracted. This can interfere with activities such as work, interacting with others and personal-care skills.

#### *Other Symptoms*

Many other symptoms can also be present in schizophrenia, as described below.

**Depression and suicidal thoughts.** Depressed feelings are common for some clients, as are thoughts of suicide or even suicide attempts.

**Labile Mood.** The client's mood can shift from one extreme to another (such as from happiness to anger to depression) over short periods of time, for little or no understandable reason.

**Anger and Hostility.** The client is angry and unpleasant to others, often because of delusions, the person has (such as persecutory delusions).

**Alcohol and Drug Abuse.** Clients with schizophrenia are prone to abusing alcohol or drugs, either because of the disturbing symptoms, to experience pleasure, or when socializing with others.

*Then the client is asked whether he or she has experienced that symptom and if so is asked to describe what it was like.*

*Then the therapist asks family member whether they were aware that the client had a particular symptom.*

*The therapist makes it clear to the family that not all symptoms must be present for a client to have the psychiatric disorder.*