

Crisis Intervention Team (CIT) Training



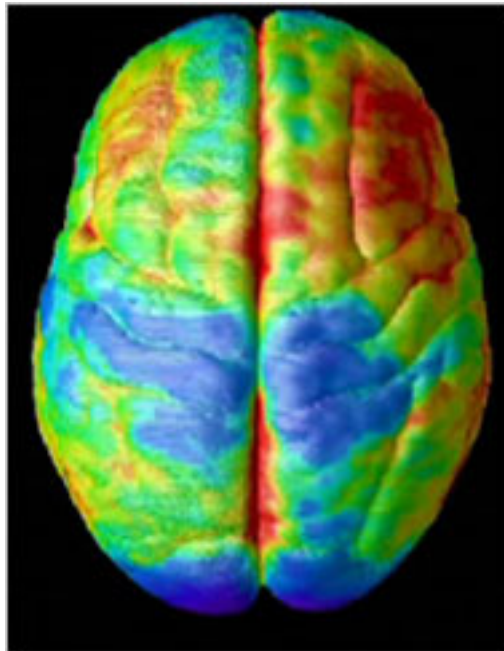
Student Guide

Schizophrenia Spectrum and
Other Psychotic Disorders

Safety, De-stigmatization and Resources should be kept in mind when interacting with people living with Schizophrenia. Keeping **dignity** and **respect** in mind will help with rapport building.

Definitions:

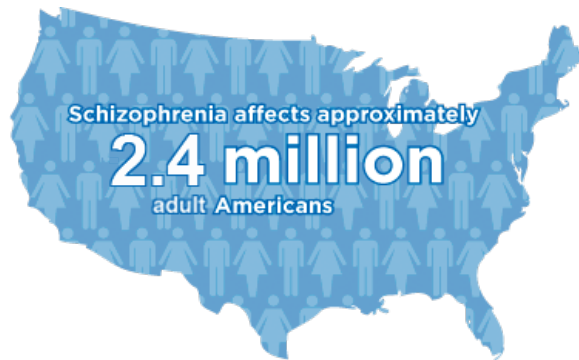
- Schizophrenia Spectrum represents a range of psychotic disorders that include Schizophrenia, Substance/Medication-Induced psychotic disorders, Psychotic Disorder due to another medical condition and other associated psychotic disorders.
- Psychosis is defined by key features that include delusions, hallucinations and disorganized thought and speech.
- Hallucinations can be in all of the sensory modalities, but are most commonly experienced as auditory or visual false sensory experiences.
- Delusions are strongly held false beliefs that do not change despite evidence that these beliefs are implausible.
- Disorganized thinking and speech occur when an individual cannot stay on topic, cannot coherently answer questions or engage in conversation or most severely when “word salad” occurs and the individual is frankly incoherent



Diagnosis for Schizophrenia

For six months, person has at least two of the following symptoms that have caused impairment:

1. Delusions
2. Hallucinations.
3. Disorganized Speech.
4. Grossly disorganized or catatonic behavior.
5. Negative symptoms.



Positive symptoms:

- Delusions
- Hallucinations
- Disorganized Thinking
- Abnormal actions and/or movements

Negative symptoms:

- Little or no facial expression
- Reduced feelings of pleasure in everyday life
- Difficulty beginning and sustaining activities
- Reduced speaking

Additional Associated Features:

- Inappropriate and bizarre behavior and facial expression
- Thought blocking or difficulty speaking
- Fear related to paranoia
- Hostility and aggression related to fear

“It should be noted that the vast majority of persons with schizophrenia are not aggressive and are more frequently victimized than are individuals in the general population.”

(5th ed., text rev.; Diagnostic and statistical manual of mental disorders; American Psychiatric Association, 2013:101)

Psychotic Disorder Due to Another Medical Condition

- Prominent hallucinations or delusions
- Collateral information or other evidence suggests the disturbance is directly related to another medical condition

How to interact with people who are psychotic

- A person with Psychosis may hear voices or other intrusive noises in the background while you are talking, making it difficult for them to communicate.
- Reassurance rather than attempts at logic can be more effective with individuals who are delusional. Remember that their beliefs or hallucinations seem very real to them.
- Refer back to Active Listening, and try to listen for themes in the individuals words that might inform you regarding their distress.
- Obtain collateral information whenever possible regarding prior psychiatric illness, psychiatric care, medication compliance and the presence of illicit or overdosed medication and/or alcohol.
- Choose one problem at a time so as not to overwhelm the psychotic individual.
- Give specific behavioral instructions, e.g., “Bill, please stay where you are”.
- Use phrases such as “I would like you to...” or “I would really appreciate it if you would...”
- Be respectful, supportive and kind without tolerating any dangerous or aggressive behavior.

What Can I Do?

- Learn about mental health-educate myself and others
- See the person not the illness- utilize active listening in order to understand
- Take action- model compassionate nonjudgmental attitudes when talking about and talking with mentally ill individuals

Schizophrenia:

- “Worldwide prevalence estimates range between 0.5% and 1%. Age of first episode is typically younger among men (about 21 years of age) than women (27 years). Of persons with schizophrenia, by age 30, 9 out of 10 men, but only 2 out of 10 women, will manifest the illness.
- Persons with schizophrenia pose a high risk for suicide. Approximately one-third will attempt suicide and, eventually, about 1 out of 10 will take their own lives.
- A Canadian study found that the direct health care and non-health care costs of schizophrenia were estimated to be 2.02 billion Canadian dollars in 2004. This, combined with a high unemployment rate due to schizophrenia and an added productivity and morbidity and mortality loss of 4.83 billion Canadian dollars, yielded a total cost estimate of 6.85 billion in U.S. and Canadian dollars.
- The economic burden of schizophrenia is particularly great during the first year following the index episode, relative to the third year onwards. This finding suggests the need for improved monitoring of persons with schizophrenia upon initial diagnosis.” (CDC, Burden of Mental Illness, 2016)

Causes

Research suggests that schizophrenia may have several possible causes:

- **Genetics.** Schizophrenia isn't caused by just one genetic variation, but a complex interplay of genetics and environmental influences. While schizophrenia occurs in 1% of the general population, having a history of family psychosis greatly increases the risk. Schizophrenia occurs at roughly 10% of people who have a first-degree relative with the disorder, such as a parent or sibling.
- **Environment.** Exposure to viruses or malnutrition before birth, particularly in the first and second trimesters has been shown to increase the risk of schizophrenia. Inflammation or autoimmune diseases can also lead to increased immune system.
- **Brain chemistry.** Problems with certain brain chemicals, including neurotransmitters called dopamine and glutamate, may contribute to schizophrenia. Neurotransmitters allow brain cells to communicate with each other. Networks of neurons are likely involved as well.
- **Drug use.** Some studies have suggested that taking mind-altering drugs during teen years and young adulthood can increase the risk of schizophrenia. A growing body of evidence indicates that smoking marijuana increases the risk of psychotic incidents and the risk of ongoing psychotic experiences. The younger and more frequent the use, the greater the risk. Another study has found that smoking marijuana led to earlier onset of schizophrenia and often preceded the manifestation of the illness.

Diagnosis

Diagnosing schizophrenia is not easy. The difficulty of diagnosing this illness is compounded by the fact that many people who are diagnosed do not believe they have it. Lack of awareness is a common symptom of people diagnosed with schizophrenia and greatly complicates treatment. To be diagnosed with schizophrenia, a person must have two or more of the following symptoms occurring persistently in the context of reduced functioning:

- Delusions
- Hallucinations
- Disorganized speech
- Disorganized or catatonic behavior
- Negative symptoms

Treatment

With medication, psychosocial rehabilitation and family support, the symptoms of schizophrenia can be reduced. People with schizophrenia should get treatment as soon as the illness starts showing, because early detection can reduce the severity of their symptoms. Treatment options include:

- **Antipsychotic medications.** Typically, a health care provider will prescribe antipsychotics to relieve symptoms of psychosis, such as delusions and hallucinations. Due to lack of awareness of having an illness and the serious side effects of medication used to treat schizophrenia, people who have been prescribed them are often hesitant to take them.
- **Psychotherapy** such as cognitive behavioral therapy (CBT) or cognitive enhancement therapy (CET).
- **Psychosocial Treatments.** People who engage in therapeutic interventions often see improvement, and experience greater mental stability. Psychosocial treatments enable people to compensate for or eliminate the barriers caused by their schizophrenia and learn to live successfully. If a person participates in psychosocial rehabilitation, they are more likely to continue taking their medication and less likely to relapse. Some of the more common psychosocial treatments include assertive community treatment (ACT).

If any editing or revisions need to be made to this document or if you would like to contribute new material please contact Matthew Tinney at mtinney@cabq.gov, 505-553-2229