

# Basics of Schizophrenia

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# Schizophrenia



- Chronic
- Typically before 25
  - Presence of 2 of the following features for at least one month and 1 of the first three
    - Delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, and negative symptoms. But don't have to be psychotic all the time.
  - Social/occupational impairment
  - Duration: Must be ill for 6 months – Less is schizophreniform
  - Exclude: Drugs, medication, medical issues, or other mood disorder.
  - Individual does not return to premorbid level of functioning, so you won't see in remission.

# Schizophrenia:

## Signs and symptoms related to outcome

### Positive Symptoms

Delusions  
Hallucinations  
Disorganized speech/behavior

← Medications Primarily Address

### Negative Symptoms

Affective Blunting  
Poverty of speech  
Amotivation  
Decreased activity  
Social withdrawal

### Community Functioning/Behavior

Work/School  
Interpersonal relationships  
Self-care/ADLs  
Medication Adherence

### Cognitive Difficulties

Attention  
Memory  
Executive functions  
Social Cognition

### Comorbid Conditions

Mood  
Substance use  
Anxiety



# Bizarre dress/grooming

What I've witnessed:

- Patient that glued CDs to his jacket and jeans
- I wear my sunglasses at night
- Wears winter jacket and hat in group – Model it for them
- Clothing stained, ripped despite given new clothes

Common Terms:

Malodorous – offensive smell

Disheveled – messy hair, wrinkled clothes, poor shaving,  
etc.

What have you witnessed?  
Tips for how to have “The Talk”



# Boundaries and Physical Space

- Set and reinforce boundaries
  - Watch for constant hand shaking and touching
  - Correct inappropriate terms, “friend” or “buddy”
  - Can misinterpret gifts, hugs, or general friendliness



They can't tell you about the C.I.A.  
CONVERSATION is in Your HEAD!!!  
You See and hear What's in your Head!  
I Put Rooms in Rooms and People in People  
Everything HAS A TWIN!  
Nothing is Seen Everything has been Seen  
Hells Angel - Imagines - One Mind in He  
Hells Angel have No Fear No Shame Everything is Chastity  
Love is the Only True Feeling. Beautiful will make Change  
True. Roomers Only Emits within Love Never Dies. DIFFER  
Jesus Christ and the Anti Christ are Bred by Blood Jesus Baw  
Hell is Aton. But there are no loves. Everything is  
HA - Made the Planet June 22  
Put everything inside your head I make people  
There and give them false memories of a life which  
The C.I.A. Adores ☺ Sam  
NOTHING Kills Me ☺  
King Crimson Hells Angel

# Flight of Ideas!

Beck's Description: "The spontaneous speech of the patient is usually increased, and he generally finds it difficult to stop talking. He may continue to talk or sing until he becomes hoarse, or he may lose his voice entirely. He frequently shows a flight of ideas by moving rapidly from one subject to another. In contrast to the disconnected flight of ideas of the schizophrenic, the manic usually demonstrates some unifying theme underlying his tangential associations."

<https://www.youtube.com/watch?v=zA-fqvC02oM>

Neologism –  
Inventing of a  
Word/Phrase





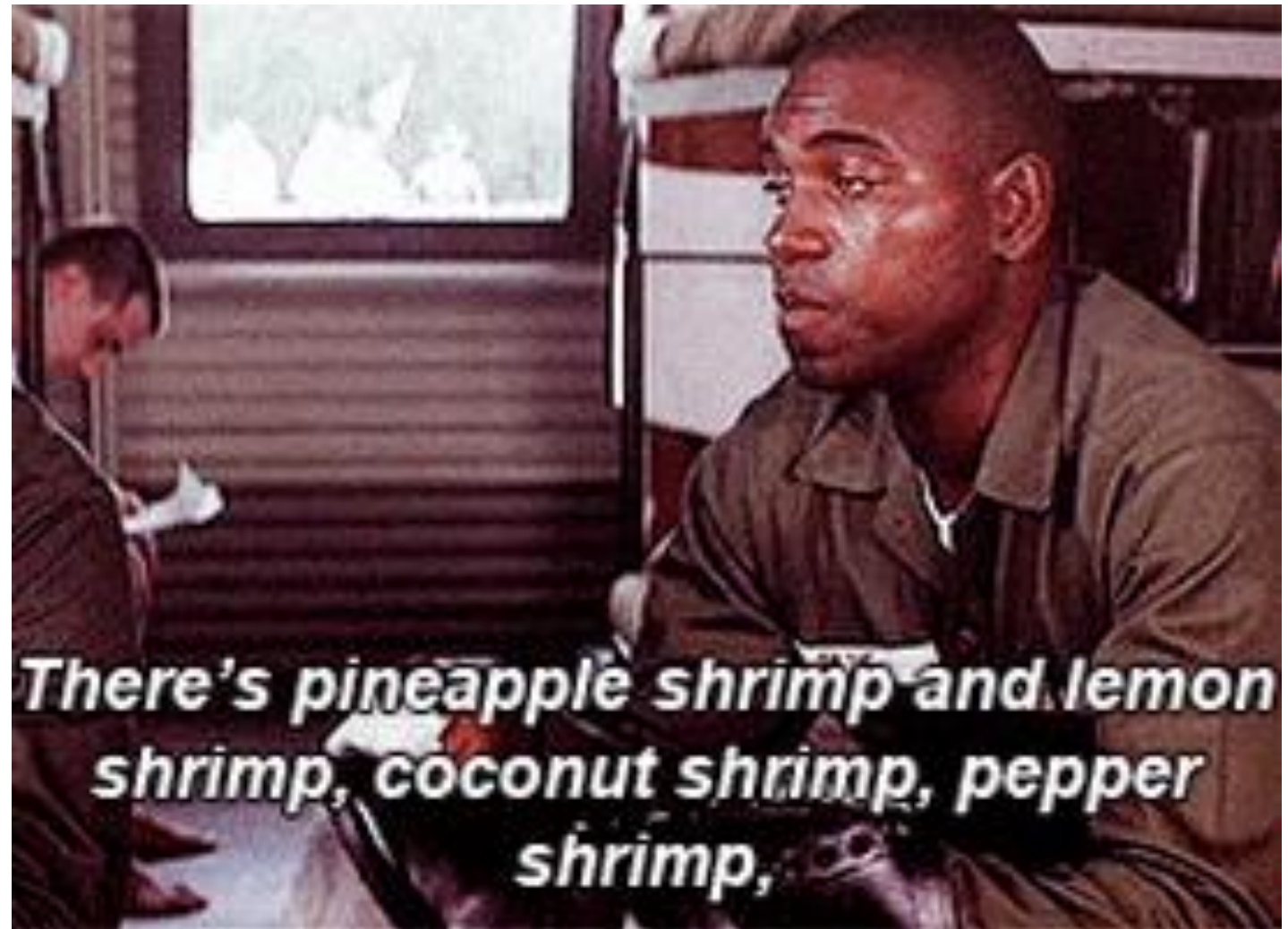


# Word Salad Video

[LINK](#)



Perseveration





## Thought Process: examples

- **Circumstantial:** provide unnecessary detail but eventually get to the point
- **Tangential:** Move from thought to thought that relate in some way but never get to the point
- **Loose:** Illogical shifting between unrelated topics

# Patient Rap Song – Identify Thought Process

I got it made. First me paid spiritual gold, inner realm to, tap in. Divine wisdom, elevator down LIGHT bring. Self savior, spice 1 truth, gangster east Bay. Ground floor play. Chamber South Gate

Square three sevens, one six, equals nine. Ignorant elite mistake say I made. Mine as well be in special ed. Likeness image man made.

F+ report card read, failed grade. So how got it made when don't know what a True Mason is? Yall stewards, walking dead supposed to be students>?

Thinking the shit they are because title attached name. Not talking about me cause I got in made. In grade 3, 360 degrees. Weak me claim to be. Yes indeed, agree me. How else but from ground up built Solomon Temple.

Told yall this shit to easy. To simple, presidential. The Spirt my residential. The most consequential. A ending bring my resistance never give up persevered, consistent.

With knowledge of mission. Know over the edge go, wont. Heard someone say I'm telling please don't. Infect, ahead go.

Not even God can stop this flow! Now yall know.

Brain my clip, Master grip, place holy holies sit. What yall know about this? Adam splits Eve exist? Opposites, consciousness.

What is this I spit? Rat ah tat tat, skull pushed back, bones no longer in tact? Skeleton collapsed. Ezekiel dry bones only mine pieced back. Batteries in back pack zig zagging through pitch black!

Caught plenty of times. Cream rises to top Understanding best part. Jumper cables out hop. battery recharged a jolt hit me Divine spark. Again party spark again I start. Reinter dark, just to accumulate more light.

To kids pass flash light, foot steps follow behind, get through night, hard times. Signify revolution war time no need cry. Russia Ukraine behind scene NATOs 1945 breach of contract, take over USSR European Nations. News medias deceiving United States population. Enough future votes invade someone's else turf. Sure to come. Freeze natural resources across shores.

But like me Putin straight Gangster not was, WARASW!

How many lives must be extirpated? Before world elevation on same page together excels a true United Nations with out hands Great British everything in?



## Blunted vs. Flat Affect

- Blunted – minimal expression and facial changes
- Flat – More severe

<https://www.youtube.com/watch?v=fY4XKPgJl8>



# Clang Associations and Echolalia

- Clang Associations: Speech in which the sounds of words, rather than their meaning guide the choice of words. Hi Calvin what's up... "Shake and bake a shakin' bacon."
- Echolalia: Repeating the end of a sentence





# Positive Symptoms

Hallucinations and Delusions



# Audio/Visual and Other Hallucinations

- Colors
- Shadows
- Voices
- Whispers
- Music
- Tactile
- Gustatory

<https://www.youtube.com/watch?v=yL9UJvtgPZY>



# Positive Symptoms and Anosognosia

## Anosognosia

A deficit of self-awareness, a condition in which a person with a disability is unaware of its existence.

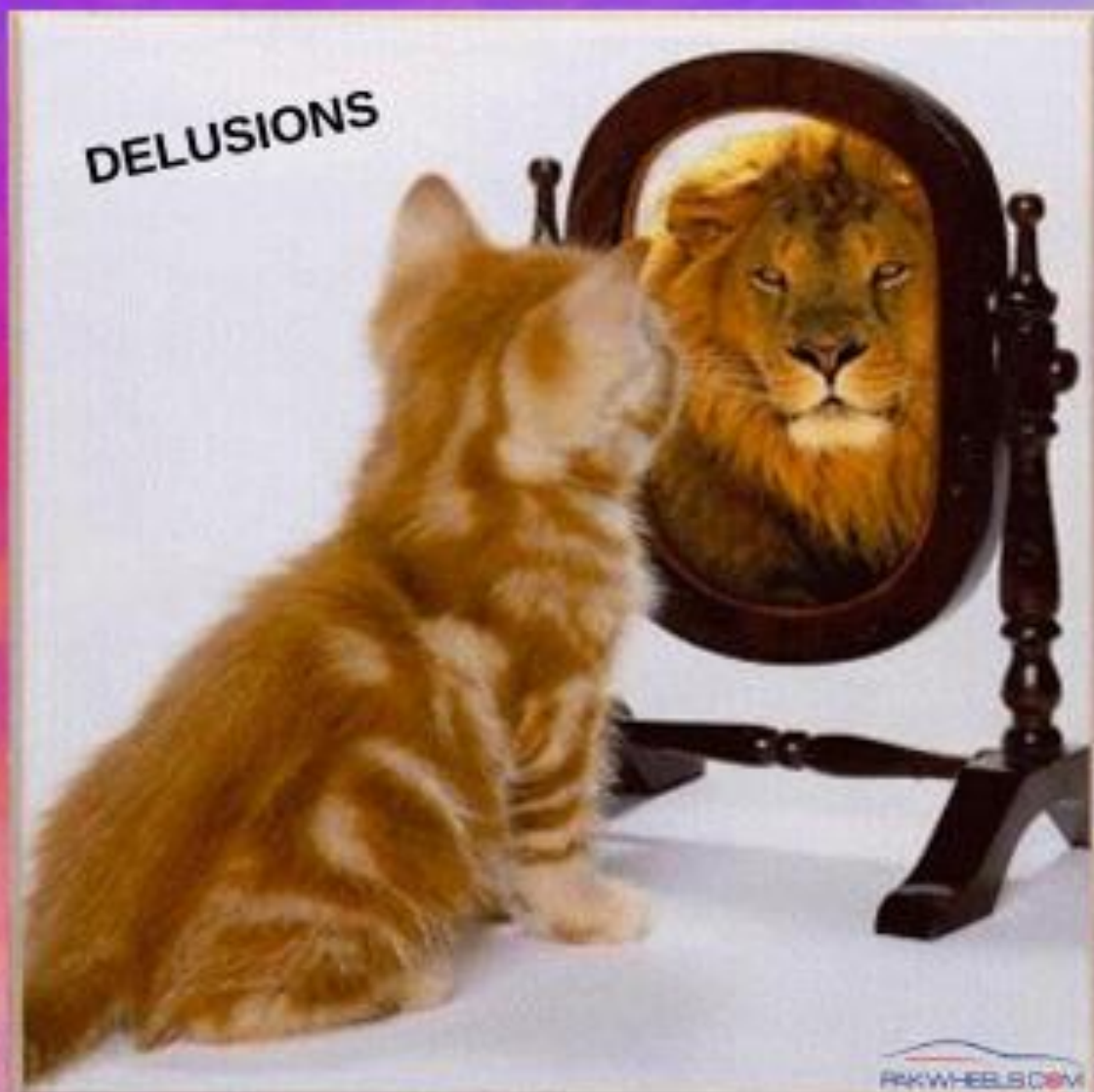
- <https://www.youtube.com/watch?v=NXxytf6kfPM>
- Denying a delusion is NOT denial in the sense of grief/addiction
- Working with newer diagnosed is often more difficult, why?



# Delusion Of Grandiosity

Primary are seen in schizophrenia secondary in mania.

Patient believes that they are special or has special powers.



# Delusions of Control



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Delusions of Guilt:  
Belief that you are  
responsible for  
something awful  
like a natural  
disaster



Delusions of  
Jealousy –  
Must have little  
or no evidence





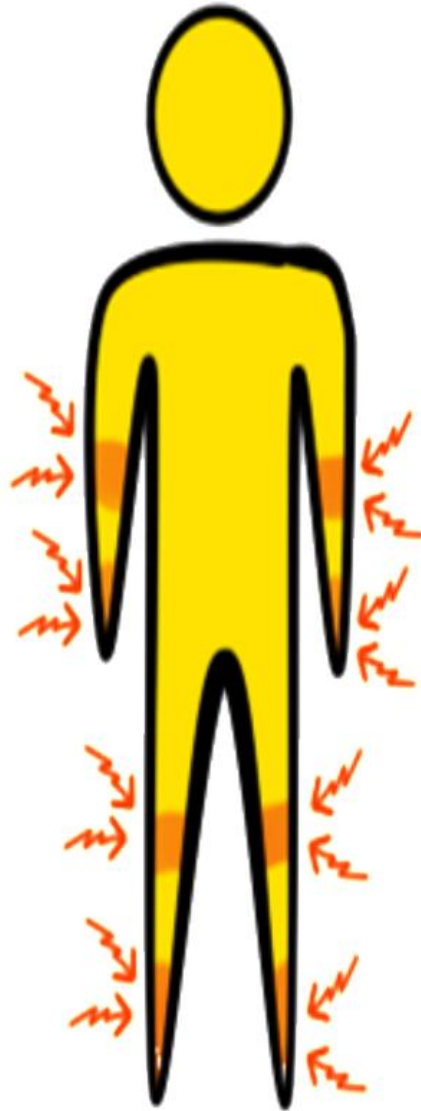
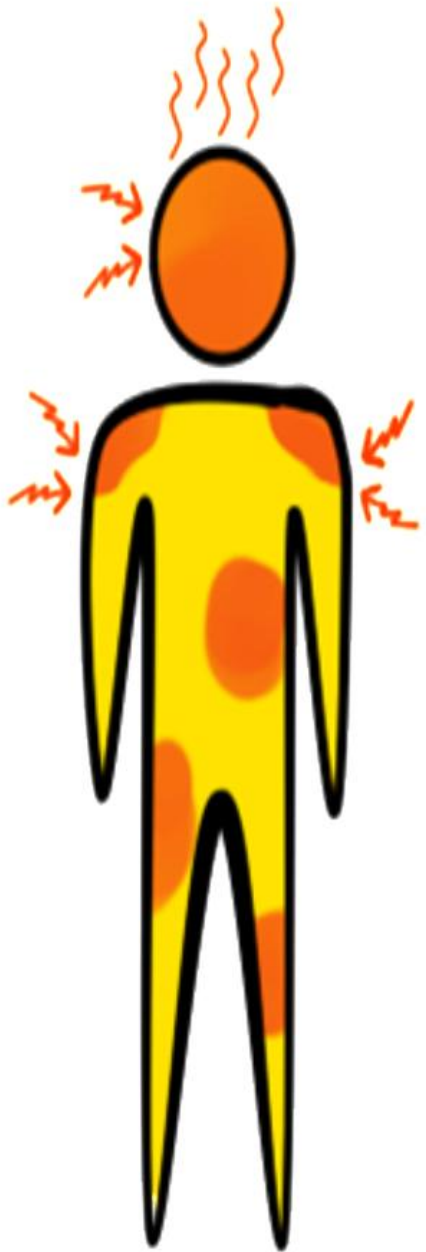


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# Delusions of Persecution

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Mob, CIA, FBI, Gangs etc.



# Somatic Delusions

Example: Constipated patient believes colon cancer DESPITE ultrasound clearing it. Thus, these patients are high utilizers of service and often go to the hospital for minor things.

Erotomania - Belief that one is loved, perhaps secretly, by another person, often of higher status

Michael  
Jackson

Prince  
Harry

Chris  
Brown

Rick  
James

Brittany  
Spears

# Delusions of Reference


- Belief in ordinary events or unrelated occurrences having special significance
- Imagine a bowl of red M+M's. A big bowl full of red M+M's. Now imagine that there are some orange M+Ms scattered throughout the bowl. I would say that your attention would naturally be drawn to the orange M+Ms. They would “stick out.” And now imagine this. The orange M+Ms are laid out in such a way as to spell your name. This may give you some idea of what the delusion of reference feels like – a message just for you in a medium that does not normally carry messages





A large orange circle is positioned on the left side of the slide, partially cut off by the edge.

## Other Delusions

- Mind Reading – People can read one's mind. Different from sensing or reading body language.
  - Thought broadcasting – Belief that thoughts can escape your head.
  - Thought insertion – Thoughts have been placed in one's head by some person, group, or force.
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- A blue dashed line is located in the bottom right corner of the slide, consisting of several short, curved segments.

# Religious Delusions

- Common religious delusions:
  - Belief in being a prophet or being cursed
- What to Look For
  - Sudden increase in activities, speech, evangelizing (especially their therapist)
  - Extreme religious views does not indicate mental illness.





Negative Symptoms



# Model of negative symptom development

Neurodevelopment

Protective  
shut-down to  
prevent over-  
stimulation

Negative Symptom Development

Behavioral manifestations:  
limited initiation, restricted affect,  
social withdrawal, poverty of speech,  
and movement

Negative Symptom  
Maintenance Loop

Daily life consequences

With ↓ initiation, ↓ exposure to situations  
likely to evoke emotion, ↓ activities/interests to  
discuss with others, ↓ external positive reinforcement,  
atrophy of skills, ↓ no planning for tomorrow  
so tomorrow looks like today.



# Negative Symptoms:

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Poverty of speech yes/no an open-ended question and will also grunt/make noises. Alogia

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Poverty of thought “I don’t know”. If you did know, what would you think. Give them time, don’t give up.

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Motivation – Severe anhedonia – Typically like to watch TV, Fantasize about goals but no movement toward them. This impacts hygiene as well – easier to change clothes then take a shower.

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Emotion – Flat affect, aloof

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Pleasure – Prone to depression. May use substance to feel pleasure.



Social and Occupational Withdrawal





### **Recreation Deficits**

- Lack of social contacts leads to lack of invitations
- Meds can influence coordination
- Embarrassment, frustration, or agitation act as a barrier to involvement
- Watching TV is much easier with negative symptoms
- Lack of funds and transportation leads to less opportunities



### Relationship Withdrawal

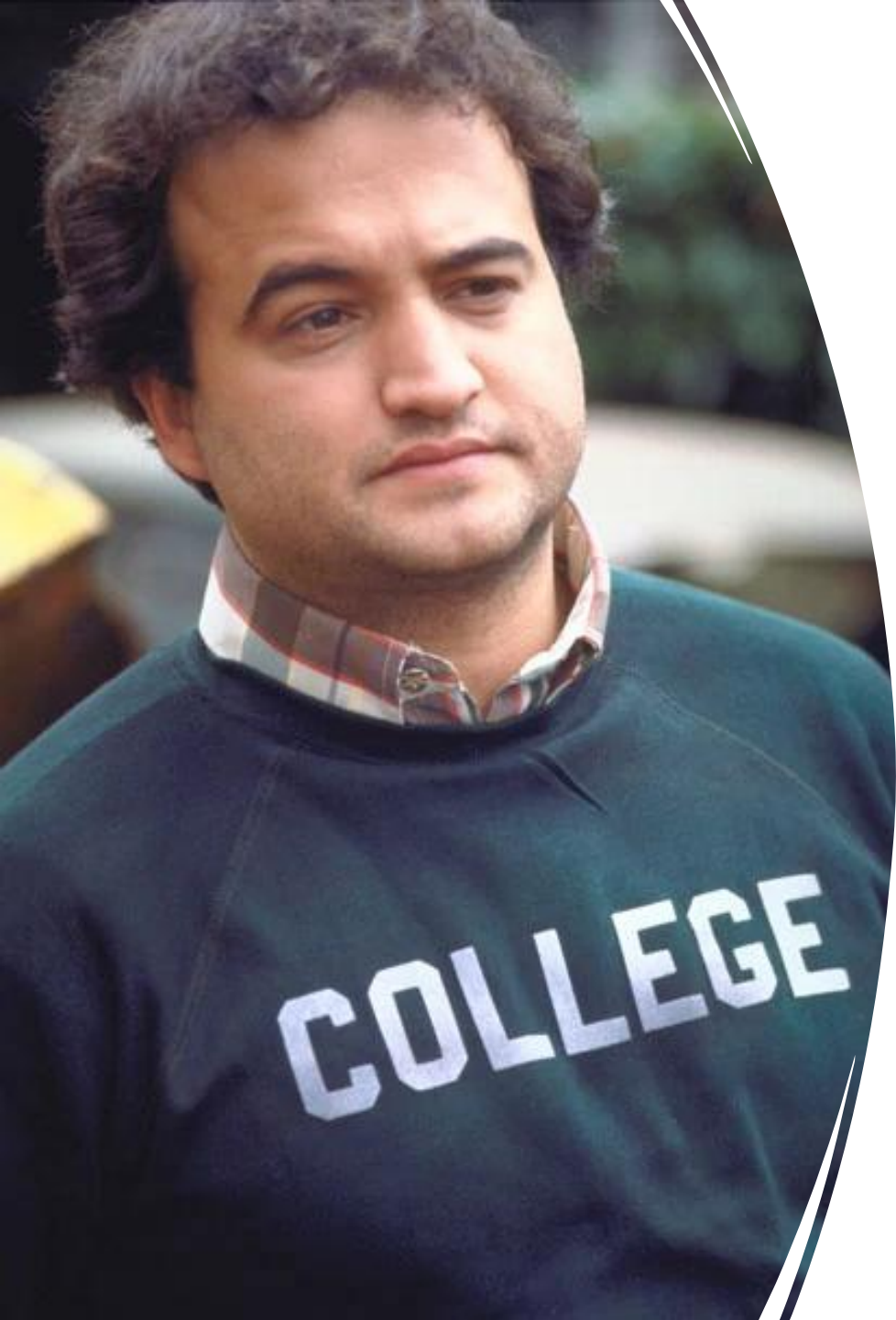
- People with the illness are especially affected in that they are less likely to marry or remain married, particularly males.
- Preoccupation with egocentric ideas/fantasies
- Feelings of alienation from the world



## **Occupational Impairment**

- Only 14% to 20% of persons with Schizophrenia hold competitive employment.
- Sheltered workshops – Used to be an option for DD and MI population where they were paid based on how many boxes they packed. This reduced stress levels among workers.
  - Older patients may report work for Phoenix Frontier, Southeast Works, Goodwill, Allentown Industries.
  - NYS felt that these kept people from obtaining competitive employment and those that are still around now help patients get competitive employment.
    - Competitive employment can be triggering for SMI population - Ray
- Inability to organize steps in a goal-directed manner. Expecting a job without considering the necessary steps.
- Lack of insight into abilities and barriers.





# If Schizophrenia occurs before 25...

- Less likely to complete higher education
- More likely to have default student loans
- Lack of insight into abilities and barriers

substance abuse addiction

depression mental narcotic social people counsellor counselling dangerous issues issue tobacco needle depressed alcoholism heroin alcohol cocaine support junior danger risk crime health medicine dependence overdose injection sadness therapy advice illegal medical addict bad problem drug syringe



## Marijuana's impact on medications and schizophrenia

- **Adverse Medication interactions:**

- Blood thinners (increase)
- Diabetic (may increase sugar)
- Hypertension (may lower BP)
- Meds affecting p450s (liver)
- Meds causing drowsiness
- Immune disorders (HIV)
- Asthma
- Mental illness meds.

- **Contraindications:**

- Psychosis
- Substance use disorder
- Cardiovascular/Respiratory disease – 65-80% tobacco smoking rate among those with Schizophrenia.





# Why is the cigarette smoking rate so high for schizophrenia?

People with schizophrenia often have other risk factors for smoking. These include:

- Less education
- Low income
- Not having a job
- Having a positive view of smoking
- Lack of support to quit
- Other theories: Boredom, Low rate of marriage/kids, reinforced by programs, it may be their one social activity, it's not their primary problem, low distress tolerance, control, lack of insight, long term problem, need stimulation, coping skill





# How To Help People and Interventions

Sessions, Tx Plans, Modalities

# Treatment Plan Ideas

- Ed/Voc - Hygiene: I used to write down what they wore daily and then let them know if they wore the same thing two days in a row. Identify strengths, identify role of mental illness symptoms in employment difficulties, utilize role playing to demonstrate job interview skills
- Social: Saying hello to 3 people a day or sharing one thing in group a day - daily goals help – often need this to know what is on their tx plan. Identify relationships that have been lost due to poor social skills. Identify secondary gains to poor social skills. Assertive communication objectives.
- Physical: Schedule rec time at the WC. Obtain PCP.
- Motivation – External rewards for accomplishing goals for the week.
- Involve Family – Can be a motivator for functioning.
- Mood/Psychosis - Reality Checking or identify a peer/staff they can do this with. Weekly check in of AH/VH. Report side effects of medications AND develop ways to cope with the side effects. Coping with voices. (Slide 35)
- Addiction: Develop a timeline of using – think of addressing if poor historian or little insight.
- Good at telling you what they think you want to hear – challenge this and figure out the “why”.
- Be concrete: You are going to go to this zoom meeting, at this time, on this day.
- If room is messy, provide steps for cleaning – throw out trash, make bed, etc – don’t just say clean your room. Remember they are often disorganized. Same with chores.





# Importance of Rapport Building

# Tips for Sessions

- Using the patient's words for describing symptoms, not clinical. "Do you ever hear someone talking to you that you can't see?" vs "do you ever experience auditory hallucinations?"
- Normalizing psychotic symptoms when assessing for them. "sometimes people will experience watching TV and thinking that they're getting messages from the TV or that they're talking to them, does that ever happen to you?"
- Using other activities during sessions to help patients feel more comfortable, coloring/drawing, chess, YouTube video while meeting with patients.
- Utilizing concurrent documentation. Wrapping up sessions by writing the note together. Gives counselors the opportunity to see what the patient is taking away from sessions. It also can help to reduce paranoia/anxiety from the patient's perspective regarding what we're writing in their charts. During the assessment phase, I always ask if patients are ok/comfortable if I type while they talk.
- Discuss linkage to community resources and supports
- Red flags are so important for this population. If the counselor knows the red flags, then they can ask questions in sessions that would assess stability. In general, most folks would have red flags in these areas; relationships, daily activities, hygiene, and medication compliance.
- Never underestimate the power of a cheesy joke (Leah Van Bourgondien – 2023)

# Outside of Agency Treatment Options

- PROS: <https://www.bestselfwny.org/programs-and-services/personalized-recovery-oriented-services/>
  - In-between outpatient and inpatient. Must have recovery goals.



Day Treatment – Focus on skill building and staying out of institutions



ECMC Partial Hospitalization – For acute symptoms to avoid hospitalization



On Track NY – ECMC program for young adults 16-30



CPEP – Comprehensive Psychiatric Emergency Program (ECMC/NFMMC)



# ACT Team



- **Assertive Community Treatment (ACT)** is a fully mobile team of mental health professionals who provide a wide range of community-based treatment and rehabilitation services to individuals with serious and persistent mental illness.
- ACT is an evidence-based practice designed to provide service to individuals whose needs have not been met by more traditional mental health services. ACT teams are multi-disciplinary and include members from the field of psychiatry, nursing, social work, mental health counseling, substance abuse and vocational rehabilitation.
- **ACT teams provide:**
  - Intensive mental health and substance abuse services in the community with at least 6 contacts per month
  - Staff specializing in supportive counseling, Integrated Dual Disorder Treatment (IDDT), vocational services, family psycho-education, medication management, case management, crisis support and other evidence- based best practices
  - 24-hour-on-call support and outreach services
  - 10:1 client to staff ratio
  - RN's available for medication support and IM administration
- **Eligibility for ACT services:**
  - At least 18 years old
  - Must have a Primary Axis 1 Psychiatric Diagnosis such as Schizophrenia or Bipolar Disorder
  - History of failing to link and maintain linkage to less intensive mental health services in the community
  - At least 2 psychiatric hospitalizations over the past 2 years



# SPOA Housing Providers

- Depaul – [SROs](#) and TA
- TSI [TLOTS](#), group homes, and supportive apartments
- BFNC - [Licensed Community Residences](#)
- Community Missions - [Treatment Apartments](#), supportive apartments, and licensed community residences

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## Andy Warren RN on why he loves this population

- I love working with this population because they treat me like I'm famous. They are always happy to see me. They get excited to see me. I make a difference in their life.

