## NAME

Schizophrenia and Other Psychotic Disorders

*Objective:* This exercise will help you differentiate between schizophrenia and other psychotic disorders.

Directions: Please answer the following questions.

1. Using the textbook (*Table 12.1, p. 366*) please summarize the diagnostic criteria for Schizophrenia.

|  |  |
| --- | --- |
| **A** |       |
| **1** |       |
| **2** |       |
| **3** |       |
| **4** |       |
| **5** |       |
| **B** |       |
| **C** |       |
| **D** |       |
| **E** |       |
| **F** |       |

1. What is the difference between positive symptoms and negative symptoms of schizophrenia?
2. How are hallucinations different from delusions?
3. Briefly summarize the following delusions.
	1. Persecutory:
	2. Control:
	3. Grandiose:
	4. Referential:
	5. Somatic:
	6. Jealous:
	7. Erotomanic:
4. What is avolition?       Please Summarize the following terms associated with negative symptoms.
	1. Flat Affect:
	2. Alogia:
	3. Anhedonia:
	4. Asociality:
5. Please define the following disorders – make sure to include symptom onset and duration limits:
	1. Schizophreniform Disorder:
	2. Brief Psychotic Disorder:
	3. Schizoaffective Disorder:
	4. Delusional Disorder:
6. Over 90% of people with schizophrenia also suffer from at least one other psychological disorder. According to the textbook, what are the 3 types of disorders most often associated with schizophrenia?
7. Contrast between the prodromal phase and active phase of schizophrenia.
8. More likely to develop schizophrenia?
	1. Women or men?
	2. Rural areas or urban areas?
	3. Low socioeconomic status or high socioeconomic status?
	4. Ethnic differences: White, Black, Latino?
9. List 4 of the factors associated with a better prognosis for schizophrenia.
10. Do a high percentage of people with schizophrenia commit violent acts?      What are the risk factors associated with those who do show violent behavior?
11. Briefly summarize the following neurological factors associated with schizophrenia.
	1. Frontal lobe defect:
	2. Impaired temporal lobe and thalamus:
	3. Abnormal hippocampus:
	4. Interaction among brain areas:
	5. Brain abnormalities:
	6. Dopamine:
	7. Serotonin and glutamate:
	8. Stress and cortisol:
	9. Effects of estrogen:
12. What does the book conclude about the links between schizophrenia and stressful environments AND Immigration?
13. Atypical antipsychotics are often used to treat schizophrenia.
	1. What are they?
	2. What are some common antipsychotics?
	3. How do they work?
14. Please view the video *Four Patients with Schizophrenia* and write a brief reaction (5-10 sentences).
15. In each scenario below use this chart and list (a) which disorder, (b) kind of hallucination (if any) and (c) type of delusion (if any) the patient is experiencing.

|  |  |  |
| --- | --- | --- |
| *Disorder* | *Kind of Hallucination* | *Type of Delusion* |
| Schizophrenia | Auditory | Erotomanic |
| Schizophrenimform | Visual | Grandiose |
| Schizoaffective | Tactile | Jealous |
| Brief Psychotic Disorder | Olfactory | Persecutory |
| Delusional Disorder |  | Somatic |
|  |  | Referential |
|  |  | Control |

**Case 1:**

You are a mental health clinician working in a hospital emergency room in the summer; a woman named Annie is brought in for you to evaluate. She's wearing a winter coat, and in the waiting room, she talks—or shouts—to herself or an imaginary person. After talking with her during the clinical assessment you gather that she was talking to friend she calls Smokey. The client states that Smokey has been talking to her every day and this began about three months ago. Annie indicates that Smokey calls her “stupid” and “lazy” and says that Smokey is telling her to look out the window because she’s being following by someone from the NSA. As Annie is talking you notice that she has difficulty tracking her thoughts and sometimes her speech is tangential.

ENTER ANSWER

**Case 2:**

Martin is a 21-year-old business major at a large university. Over the past 3 weeks his family and friends have noticed increasingly bizarre behaviors. On many occasions they’ve overheard him whispering in an agitated voice, even though there is no one nearby. Lately, he has refused to answer or make calls on his cell phone, claiming that if he does it will activate a deadly chip that was implanted in his brain by evil aliens.

His parents have tried to get him to go with them to a psychiatrist for an evaluation, but he refuses. He has accused them on several occasions of conspiring with the aliens to have him killed so they can remove his brain and put it inside one of their own. He has stopped attended classes altogether. He is now so far behind in his coursework that he will fail if something doesn’t change very soon. His friends have also become worried because he frequently gets derailed with talking to them and it’s hard to follow what he’s talking about.

Although Martin occasionally has a few beers with his friends, he’s never been known to abuse alcohol or use drugs. He does, however, have an estranged aunt who has been in and out of psychiatric hospitals over the years due to erratic and bizarre behavior.

ENTER ANSWER

**Case 3:**

Jack is a 27-year-old man who has been referred to Kaiser Permanente for clinical services. When Jack graduated from high school he got a job working in a video store. After working for about 6 months Jack began to hear voices that told him he was no good. He also began to believe that his boss was planting small video cameras in the returned tapes to catch him making mistakes. Over the next 8 months, Jack became increasingly agitated at work, particularly during busy times, and began "talking strangely" to customers. For example, one customer asked for a tape to be reserved and Jack indicated that that tape may not be available because it had "surveillance photos of him that were being reviewed by the CIA.” After about a year Jack quit his job one night, yelling at his boss that he couldn't take the constant abuse of being watched by all the TV screens in the store and even in his own home. Jack lived with his parents at that time. He became increasingly confused and agitated. His parent took him to the hospital where he was admitted.

ENTER ANSWER

**Case 4:**

Luigi is a 26-year-old single unemployed butcher who lives with his parents. He was referred by his local doctor for outpatient assessment, which led to a decision to admit him to the psychiatric hospital. His family requested treatment because of unmanageable and violent behavior, which persisted for approximately seven months prior to admission.

Luigi's family describes a change in his personality that began approximately two years prior to admission. The onset of these problems coincided with the closure of his butcher shop because of financial difficulties. At this time, he became quite moody, to the extent of sometimes showing marked mood swings. During the past two years there were occasional episodes of verbal abuse and threats of physical violence towards his family and friends. When he became agitated, his speech was also sometimes difficult to understand. Prior to this time, Luigi had been smoking marijuana regularly. Prior to admission, Luigi's family noted an escalation of his problems with mood swings. He became increasingly agitated, and he also became verbally abusive to his brother and his friends, even threatening to kill them. He also became suspicious, believing his family and friends were trying to harm him, and that he was being spied on by the television and radio.

His situation became completely unmanageable three days prior to admission. During a period of agitation Luigi became not only verbally abusive, but also physically violent. He destroyed furniture and fixtures in his family's garden, kicked in the television set, kicked his neighbor's dog, and smashed the neighbor's car lights.

During the clinical interview, Luigi was a casually dressed overweight young man. He was agitated and physically threatening, beating his chest and head violently. His affect was labile, but mostly elevated and angry, with occasional episodes of tearfulness. His speech was pressured and showed marked formal thought disorder to the point of near incoherence. He described bizarre thoughts, such as the belief that his friends were sexually abusing him, trying to kill him, and stealing his marijuana. He felt that his family was trying to harm him and that his room in his home was bugged. He also believed that the television and radio were sending secret messages just to him. He also described a belief that his thoughts were controlled by an outside force and admitted to both thought broadcasting and thought insertion. He described hallucinations, which included voices calling out his name and making abusive remarks. He also described hallucinations of spiders and snakes, as well as hallucinations consisting of pin pricks on his hands.

ENTER ANSWER

**Case 5:**

Sachiyo is a 14-year-old girl who was brought to the hospital for admission at her mother's request. She has been a junior high school student in Nagasaki. Her mother described abnormal behavior, which included crying without any apparent reason and suddenly stopping walking or talking. Although Sachiyo had some indications of psychological and emotional difficulty at an earlier time, her prominent symptoms began 14 months ago, when her mother was hospitalized for one month and operated on for a goiter. Sachiyo's parents were separated and so she remained at home with her older sister. Although her grandparents live nearby, the children did not have any direct supervision, nor anyone to prepare meals for them. Sachiyo began to keep irregular hours, staying up until very late at night and staying in bed until afternoon. She also stopped going to school. Two months later after her mother had returned home, she began to be seclude herself in her room and was suspicious of family members. She reported to her mother that, "I'm being watched by someone." Around this time her paternal grandmother died. At the funeral Sachiyo said to her grandmother "I am sorry. It's my fault that you died." Her mother also reports that she began to laugh inappropriately. Eight months ago, her condition worsened. She began to speak incoherently and also to have trouble sleeping. She often looked sad and would begin crying without apparent reason. She also exhibited abnormal motor behavior described by her mother at the time of admission. (I.e., suddenly stopping her activities, such as talking or walking.)

At the time of the clinical interview Sachiyo was neatly dressed, but appeared reclusive and suspicious. Her affect was inappropriate, with occasional episodes of silly laughter. Her stream of thought and speech was somewhat disorganized, with periods of silence interspersed with an occasional rather disorganized monologue. She described beliefs that she would “be injected with a drug to cause her to have breast cancer, so I will die soon." She also described hallucinations, which included a voice saying, "kill yourself."

ENTER ANSWER

**Case 6:**

The patient is a 21-year-old male biology student named Erik who was in a pre-medical program. He was initially seen because of parental concerns, evaluated by his family doctor, and referred for outpatient psychiatric treatment. Two months ago while taking a course in human anatomy, Erik began to feel more and more uneasy, especially during the dissection sessions. He felt frightened by the close contact with the human body parts he had to dissect. During the initial appointment Erik described thinking that if he continued to dissect human bodies the corpses would take revenge on him by making him sick. He also stated that he thought the corpses were sending him messages about how they had died.

ENTER ANSWER