

● ● ● | PSY 235  
Introduction to  
Abnormal Psychology

Chapter 12  
Schizophrenia and the Psychotic  
Disorders

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● ● ● | Outline/Overview

- Schizophrenia
  - Course of onset
  - Prognostic indicators/ suicide
  - Epidemiology/correlates
  - Treatments
- Schizophreniform disorder
- Brief psychotic disorder
  - Time frame of symptoms differentiates the above
- Schizoaffective disorder

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● ● ● | Schizophrenia

- most devastating mental disorder
- touches social, economic, and personal spheres
- about 1/4 of all American hospital beds
- 2/3 of all psychiatric beds
- 1994 \$100 billion
- 1983 \$48 billion
  - 60% - lost productivity
  - 20% - public assistance
  - 20% - treatment

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● ● ● | Schizophrenia (cont.)

- Kraepelin - "dementia praecox" 1896
- Bleuler 1911 coined schizophrenia
- "split mind" thought, emotion, and behavior disorganized and incongruous
- Bleuler's four A's
  - affect
  - ambivalence
  - autism
  - associations

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● ● ● | DSM-IV criteria  
Schizophrenia

- A. Two (or more) of:
  - delusions
  - hallucinations
  - disorganized speech
  - grossly disorganized or catatonic behavior
  - negative symptoms
  - only one Criterion A symptom required in some cases (e.g. bizarre delusions/hallucinations w/running commentary)

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● ● ● | DSM-IV criteria (cont.)

- B. Social/occupational dysfunction
  - work
  - interpersonal relations
  - self-care
- C. at least 6 months with at least 1 month meeting Criterion A
- D. No Schizoaffective or Mood Disorder With Psychotic Features
- E. Substance/general medical exclusion
- F. Relationship to Pervasive Developmental Disorder
- Case Example
  - David Sebastian

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● ● ● | **Course of Onset**

- during adolescence/early adulthood
- 25% - abrupt onset of symptoms
- rest - onset slow and insidious
- negative symptoms usually first
- positive symptoms

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● ● ● | **Prognosis**

- recovery does not seem related to severity of psychosis
- Good prognosis indicators:
  - acute onset
  - a clear precipitant
  - prominent confusion/disorganization
  - systematized and focused delusions
  - being married
  - good premorbid functioning
  - a family hx of depression or mania
  - no family history of schizophrenia
  - a cohesive, supportive family
  - minimal negative symptoms

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● ● ● | **Schizophrenia & Suicide**

- 10-15% eventually kill themselves
- 20% attempt
- of attempters, 50% eventually succeed
- occurs after:
  - gain awareness of illness
  - feel depressed
  - treatment is futile
  - future hopeless

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● ● ● | Schizophrenia (cont.)

- Variability by setting
  - Rural settings - less severe episodes
  - can function at ability level
  - Wisconsin dairy farm - bachelor hand case
- Lower SES - explanations
  - social causation vs. drift
  - social causation - poverty causes stress vs.
  - drift theory - devastation of social/occupational functioning
  - evidence supports drift theory
  - 15-20 x risk of homelessness

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● ● ● | Schizophrenia (cont.)

- Epidemiology
  - lifetime prevalence 0.8 - 1%
  - annual incidence 0.03-0.06%
  - MZ-40-50%, DZ 10-17%
  - clear genetic component
- Neurological Signs
  - "Soft-signs" (e.g. abnormal reflexes and EEG changes)
  - frequently occur in schizophrenia
  - not uncommon in the general population
- Anatomy/physiology
  - ventricle enlargement
  - cortical wasting
  - dopamine system

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● ● ● | Psychosocial correlates

- Expressed Emotion (EE)
- consistent finding
- high EE family - more likely to relapse
- 56% vs. 21% over 9 mos.
- Vaughn & Leff (1976) 9 month relapse rates
- HEE + no meds = 92%
- LEE + took meds = 12%

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● ● ● | Treatment

- medications
  - snowing during acute psychosis
  - lowest possible dose after this
  - Atypical antipsychotics vs. older antipsychotics
- group homes, supported living, intensive case management, vocational training, psychoeducational groups, supported living and employment, assertive community treatment teams
- emerging evidence of effectiveness of cognitive therapy
- hospitalizations – minimal these days

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● ● ● | Case example

- Etta – from Diagnosis According to DSM-IV series

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● ● ● | Schizophreniform disorder

- 1 mos.-<6 mos.
- Identical criteria except that social/occupational function does not need to be impaired
- Roughly 50% diagnosed with schizophreniform disorder improve or recover
- good prognostic features (any 2 of):
  - prominent psychotic symptoms within 4 weeks of first noticeable change in behavior
  - confusion/perplexity at height of psychotic episode
  - good premorbid social/occupational functioning
  - absence of blunted/flat affect

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● ● ● | Brief psychotic disorder

- 1 day to < 1 mo.
- person snaps after a stressful event
- delusions, hallucinations, disorganized speech, or grossly disorganized or catatonic behavior
- one symptom necessary to diagnose
- rapid shifts of mood, perplexity or confusion.
- negative symptoms not usually seen
- most recover entirely.
- rule of thumb: faster onset of symptoms = faster remission
- symptoms for few hours = psychotic disorder NOS

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● ● ● | Schizoaffective disorder

- disagreement about whether a distinct disorder or "fudge factor"
- uninterrupted period of illness while criteria are met for major depressive, manic, or mixed episode along with symptoms meeting criterion A for schizophrenia
- same period of illness must be at least 2 weeks of delusions or hallucinations without prominent mood symptoms
- mood disorder symptoms present for substantial portion of the illness
- bipolar type or depressive type
- treatment antipsychotics and antidepressants or lithium

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