

# PSYCHOTIC DISORDERS OTHER THAN SCHIZOPHRENIA

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# Psychotic Disorders Other than Schizophrenia

- ❖ Definition of mental disorder
- ❖ The DSM-5
- ❖ Hallucinations, delusions, disorganized thinking/behavior, and negative symptoms
- ❖ Psychotic disorder diagnostic categories
- ❖ Reacting to a person with a psychotic disorder
- ❖ Person first language

# Definition of a Mental Disorder

from the DSM-5, page 20

- ❖ Syndrome characterized by clinically significant disturbance
- ❖ In an individual's cognition, emotional regulation, or behavior
- ❖ That reflects a dysfunction in the psychological, biological, or developmental processes underlying mental dysfunction
- ❖ Associated with significant distress or disability in social, occupational, or other important activities.

# Definition of Mental Disorder

from DSM-5, page 20

## ❖ These are NOT mental disorders:

- An expectable or culturally sanctioned response to a common stressor or loss, such as death of a loved one is not a mental disorder
- Socially deviant behavior (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society UNLESS they result from a dysfunction in the individual

# Definition of Mental Disorder

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- ❖ Must be within an individual
- ❖ Classifies disorders, not people

# DSM-5

## Diagnostic and Statistical Manual of Mental Disorders

Fifth Edition

American Psychiatric Association

2013

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DSM-5™ Diagnostic Criteria

Mobile App

Available for iOS and Android Devices

# Hallucinations

## Faulty Perceptions

Sensations experienced as real when they exist only in your mind; common types:

- ❖ Auditory - hearing voices or sounds
- ❖ Visual hallucination - seeing things (usually people) that aren't there
- ❖ Olfactory - Smelling strange odors
- ❖ Gustatory - experiencing unusual tastes - food or drink has an odd taste
- ❖ Tactile - feeling things such as insects crawling on the skin
- ❖ Other sensory modes - balance, position in space

# Delusions

## Fixed, False Beliefs

A firmly held idea that a person has despite clear and obvious evidence that it isn't true. Delusions often involve illogical or bizarre ideas or fantasies, such as:

- ❖ Persecution -others are trying to harm you
- ❖ Grandeur -you are a famous or important figure
- ❖ Reference - a neutral environmental event has a special meaning



# Delusions

## Fixed, False Beliefs

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- ❖ Control - your thoughts or actions are being controlled by outside forces
- ❖ Erotomantic - an important person is in love with you
- ❖ Jealous - your spouse/partner is being unfaithful
- ❖ Somatic - you have a physical defect or medical problem

# Disorganized Thinking/Behavior

Disorganized thinking (inferred from speech)

- ❖ Loose associations/derailment
- ❖ Tangentiality - answers are only loosely related to questions
- ❖ Incoherence - "word salad"
- ❖ Severe enough to impair communication

# Disorganized Thinking/Behavior

Grossly disorganized motor behavior – problems in goal-direction – difficulty with activities of daily living

- ❖ Unpredictable agitation
- ❖ Catatonic behavior
  - Reduced reactivity to environment
  - Mutism, stupor, staring, grimacing, echoing
  - Stereotyped movements
  - Purposeless, excited behavior

# Negative Symptoms

## Absence/diminishment of normal behavior

- ❖ **Diminished emotional expression** - reduced facial expression, eye contact, speech intonation, and hand, head and face movements
- ❖ **Avolition** - decrease in motivated self-initiated purposeful activities
- ❖ **Alogia** - diminished speech output
- ❖ **Anhedonia** - decreased ability to experience pleasure
- ❖ **Asociality** - apparent lack of interest in social interactions

# Schizophrenia Spectrum and Other Psychotic Disorders

- ❖ **Schizotypal Personality Disorder** - pervasive pattern of social and interpersonal deficits
- ❖ **Delusional Disorder** - presence of one or more delusions (only) for 1 month or longer
- ❖ **Brief Psychotic Disorder** - 1 or more psychotic symptoms for 1 day to 1 month
- ❖ **Schizophreniform Disorder** - 2 or more psychotic symptoms for most of 1 month
- ❖ **Schizophrenia** - psychotic symptoms + severe impairment

# Schizophrenia Spectrum and Other Psychotic Disorders

- ❖ **Schizoaffective Disorder** - major mood episode (depressive or manic) concurrent with 2 or more psychotic symptoms
  - **Depression** - poor appetite, weight loss or gain, change in sleeping patterns, agitation, lack of energy, loss of interest, feelings of worthlessness or hopelessness, guilt or self-blame, trouble with thinking or concentration, thoughts of death/suicide

# Schizophrenia Spectrum and Other Psychotic Disorders

## ❖ Schizoaffective Disorder (cont'd)

- **Mania** - Being more active than usual in work, social life, sexually; talking more or faster; rapid or racing thoughts; little need for sleep; agitation; being full of self, being easily distracted, self-destructive/dangerous behavior (spending sprees, driving recklessly, risky sex)

# Schizophrenia Spectrum and Other Psychotic Disorders

- ❖ Substance/Medication-Induced Psychotic Disorder
  - Delusions and/or hallucinations
  - Use of a substance
  - Stops when substance use ends except severe withdrawal
  - Onset quick (cocaine) or slow (alcohol)
  - See often in emergency rooms
  - Can be caused by interaction of multiple prescribed medications



# Schizophrenia Spectrum and Other Psychotic Disorders

- ❖ Psychotic Disorder Due to Another Medical Condition
  - Hallucinations or delusions
  - Symptoms are direct consequence of a medical disorder
    - Traumatic Brain Injury
    - Parkinson's Disease
    - Huntington's Disease
    - Neurocognitive Disorders (Alzheimer's, etc.)

# Interacting with a Person with Delusions

- ❖ Don't argue, challenge, or confront the delusional belief
- ❖ Don't go along with or encourage the delusion
- ❖ Ask for more information about the delusion
- ❖ Help the person get help

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# Video

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

# Person First Language

- ❖ Instead of psychotic person, say:
  - person with psychotic symptoms
  - Person who is hallucinating
  - Person with delusions
- ❖ Never use words such as "crazy," "psycho," "schizo," etc.

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# Causes and Treatment

# Causes of Psychotic Disorder

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- ❖ Genetics
- ❖ Brain Trauma / structural damage
- ❖ Viral Theories
- ❖ Neurotransmitter Imbalance
- ❖ Environmental Stress
- ❖ Interaction Effect

# Treatment for Psychotic Disorders - Goals

- ❖ Remission of Symptoms
  - Positive
  - Negative
- ❖ Maintenance of Stability
- ❖ Enhanced Quality of Life
- ❖ Role Recovery

# Treatment for Psychotic Disorders - Array

- ❖ Assessment
- ❖ Medications
- ❖ Patient Education
- ❖ Therapy/Counseling
- ❖ Crisis Intervention
- ❖ Skills Training
- ❖ Skills Training
- ❖ Behavior Therapy
- ❖ Rehabilitation
- ❖ Case Management
- ❖ Dual Diagnosis Services
- ❖ Family Services



# Medications

- ❖ Antipsychotics
- ❖ Antidepressants
- ❖ Mood Stabilizers
- ❖ Anti-Anxiety Medications
- ❖ Side Effects Medications
- ❖ Adherence Issues

# Medication Adherence Issues

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- ❖ Illness factors
  - Cognitive impairments
  - Chronicity
- ❖ Treatment factors
  - Long term treatment
  - Regimen complexity

# Patient Education

## ❖ Rationale

- Fulfill Client Right
- Instill Hope
- Improve Treatment Outcome

## ❖ Biopsychosocial Content

- Causes and Course of Illness
- Medications
- Relapse Prevention

# Psychotherapy and Counseling

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- ❖ Reality Based
- ❖ Real-life Problem Solving
- ❖ Individual Coping with Illness
- ❖ Group Support and Peer Learning
- ❖ Flexible Participation Standards

# Crisis Intervention

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- ❖ Telephone
- ❖ Clinic Based
- ❖ Mobile Outreach
- ❖ In-Home Intervention

# Skills Training

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- ❖ Social Skills
- ❖ Academic Skills
- ❖ Vocational Skills

# Behavior Therapy

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- ❖ Behavioral Contracting
- ❖ Behavioral Management Plans
- ❖ Behavioral Medicine Techniques
  - Relaxation
  - Systematic Desensitization

# Psychiatric Rehabilitation

- ❖ Readiness Assessment
- ❖ Readiness Development
- ❖ Choosing Rehabilitation Goals
  - Living
  - Learning
  - Working
  - Socializing
- ❖ Getting & Keeping Environments of Choice



# Case Management

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- ❖ Service Coordination
- ❖ Linkage
- ❖ Connection to One Person
- ❖ Help with Basic Needs
- ❖ Broad View of Service Plan

# Dual Diagnosis Services

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- ❖ Specialized Assessment
- ❖ Educational Approaches
- ❖ Intensive Outpatient
- ❖ Residential

# Family Services

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- ❖ Support
- ❖ Education
- ❖ Consultation
- ❖ Therapy

# Management Skills

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- ❖ Medication Adherence
- ❖ Healthful Lifestyle
- ❖ Therapeutic Environment
- ❖ Symptom Monitoring and Relapse Prevention
- ❖ Crisis Response Drills

# Symptom Monitoring and Relapse Prevention

- ❖ Illness Cycles
- ❖ Recognition of Early Warning Signs
- ❖ Relapse Avoidance Action
  - Medications
  - Stress/Stimulation Reduction
  - Health Improvements

# Relapse Checklist

Developed by Patricia Scheifler, MSW

- ❖ Medication Change
- ❖ Physical Illness
- ❖ A Stressful Event or Overstimulation
- ❖ Alcohol or Drugs
- ❖ Sugar, Caffeine, or Change of Diet
- ❖ Too Many Fluids
- ❖ Illness Cycle

# Continuum of Living Environments

- ❖ Long Term Hospital
- ❖ Crisis Stabilization Facility
- ❖ Group Treatment Setting
- ❖ Family Living
- ❖ Supported Living Apartments
- ❖ Independent Living

# Continuum of Learning Environments

- ❖ Hospital Treatment
- ❖ Partial Hospitalization Services
- ❖ Outpatient Therapies
- ❖ Clubhouse
- ❖ Adult Education
- ❖ Supported Education
  - High School/GED
  - College/University



# Continuum of Working Opportunities

- ❖ Pre-vocational Training
- ❖ Vocational Training
- ❖ Volunteer Jobs
- ❖ Jobs in Mental Illness Facilities
- ❖ Supported Employment
- ❖ Transitional Employment
- ❖ Part-& Full-time Regular Employment
- ❖ Consumer-run Business

# Continuum of Social Opportunities

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- ❖ Linkage to Leisure Opportunities
- ❖ Drop-in Center
- ❖ Enrichment Activities

# Intervention Principles

- ❖ Individualized Treatment
- ❖ Client-driven Services
- ❖ Belief People Can Recover
- ❖ Commitment to Long Term
- ❖ Biopsychosocial Model
- ❖ Multi-disciplinary Treatment Approach
- ❖ Least Restrictive Setting

# Intervention Principles

- ❖ Continuum of Services
- ❖ Continuity of Services
- ❖ Consumer Empowerment
- ❖ Family Participation Vital
- ❖ Partnership
- ❖ SMI Treatment a Subspecialty
- ❖ Current Knowledge/Skills
- ❖ Listen and Learn