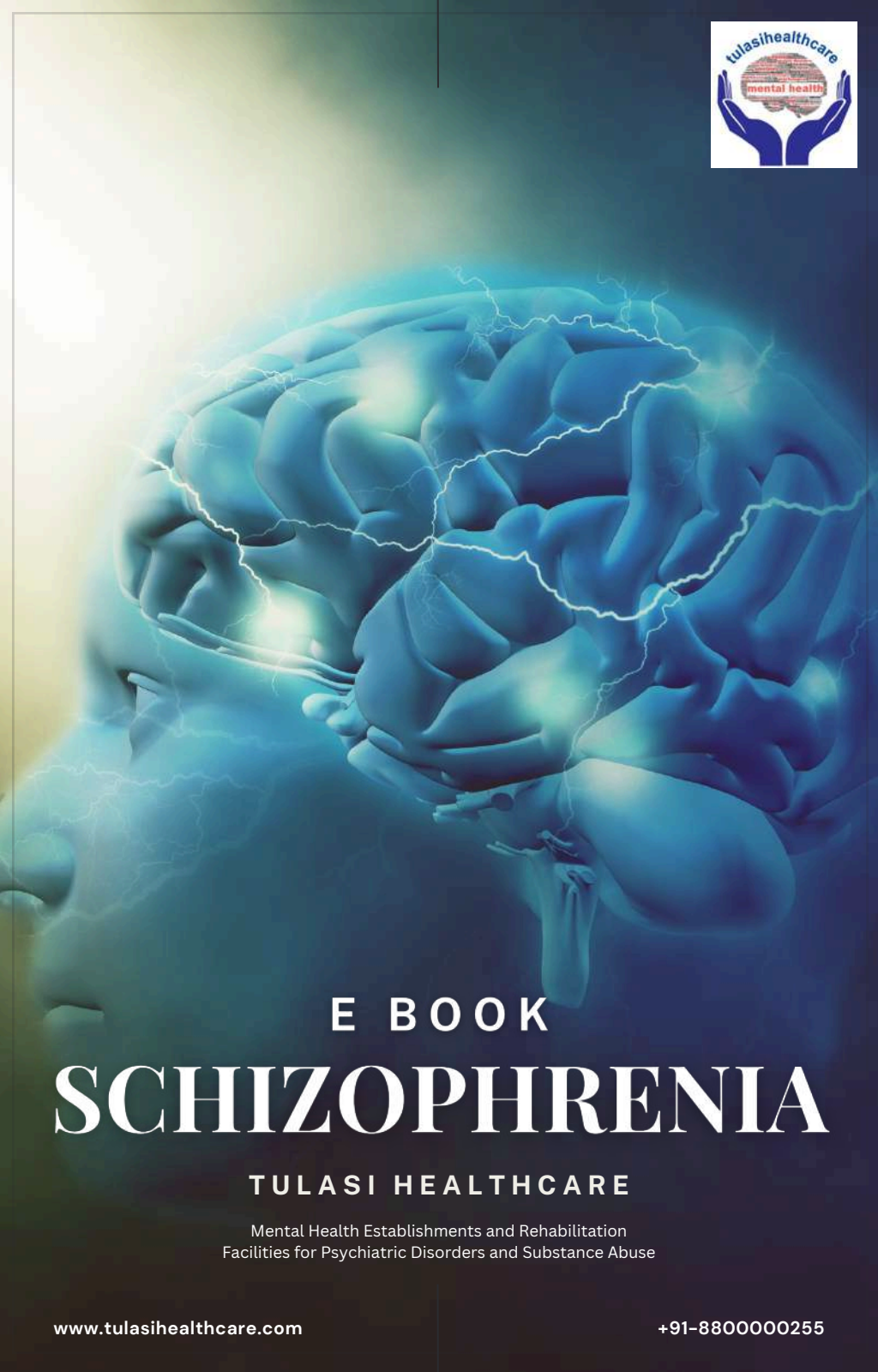

E BOOK

SCHIZOPHRENIA

TULASI HEALTHCARE

Mental Health Establishments and Rehabilitation
Facilities for Psychiatric Disorders and Substance Abuse

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CONTENTS

CHAPTER I

WHAT IS SCHIZOPHRENIA?

Schizophrenia refers to a mental health disorder that alters a person's thoughts, feelings, perception, behaviors, and interpersonal relationships. Both men and women are likely to get the illness, however men are slightly more likely to do so. The first episode usually happens in the late teenage years to early twenties; males typically experience it earlier than women. The disease can also strike people later in life. Up to one person in every 100 may develop schizophrenia. Living with and comprehending schizophrenia can be difficult.

For both the individual with schizophrenia and their family, friends, and other acquaintances—many of who have no idea what is going on or how to support the sick person—this may be a perplexing and upsetting experience. Schizophrenia patients may also exhibit cognitive abnormalities, struggle with self-expression, and emote their feelings which make them seem self-absorbed, withdrawn and disinterested.

Each person's road to recovery is different and takes time. With the help of treatment, symptoms start resolving in a span of 3-4 weeks, while they don't always go away. Usually, a combination of medicine and psychosocial supports, like providing peer support and educating patients and family members and psychotherapy, can effectively help the patient in recovery.

The effects of schizophrenia can be substantial for patients, their loved ones, and the community at large. Schizophrenia symptoms can interfere with job, relationships, and self-care, among other areas of everyday life. People with schizophrenia may encounter prejudice and social stigma, which can make it difficult for them to find accommodation, a job, or healthcare services. Substantial impairment and disability can result from schizophrenia if proper treatment and support is not received.

CHAPTER II

PHASES OF SCHIZOPHRENIA

Schizophrenia frequently begins gradually in a way that it is hard to identify these minute changes even by their caregivers However, for other people, the symptoms manifest more quickly and readily. There are three stages of schizophrenia: prodromal (or early), active, and residual. Throughout the course of the illness, these stages often take place in order and repeat in cycles. The phases may vary from person to person.

1. The Prodromal Phase

People who experience symptoms gradually may start to lose interest in their usual activities and isolate themselves from friends and family. They might find it difficult to focus, feel uninterested, and want to spend the majority of their time by themselves. Additionally, they could develop a sense wherein they misinterpret scenarios or other's behaviours which result in them developing false, fixed and unshakable beliefs. Friends and family may be offended by this behavior and may not realize that it is a result of an illness. Most of the time, an active period of the illness follows, though occasionally these symptoms plateau and do not worsen. Weeks, months, or even years can pass during the prodromal phase.

2. The Active Phase

People often experience psychotic symptoms, such as delusions, hallucinations, disorganized thinking, and abnormalities in behavior and emotions, during the active, or acute, course of the illness. However, other variables are taken into account when diagnosing schizophrenia because similar symptoms can also be brought on by other psychological and physical diseases.The prodromal phase of schizophrenia is typically followed by the active phase, though symptoms can occasionally manifest rapidly.

CHAPTER II

PHASES OF SCHIZOPHRENIA

3. The Residual Phase

Following an active phase, when signs have subsided, individuals may seem withdrawn, isolated, and find it difficult to focus. This phase's symptoms are comparable to those of the prodromal phase.
Schizophrenia patients may only experience active illness once or twice in their lifetime, or they may experience multiple episodes in their lifetime. However, a person's capacity to operate normally may deteriorate and residual symptoms may worsen following each active phase. For this reason, getting an early intervention and following the prescribed course of therapy and rehabilitation is crucial in attempting to prevent relapses and reduce the severity of illness which are defined as the reappearance of active symptoms.

CHAPTER III

SYMPTOMS OF SCHIZOPHRENIA

There are basic groups of symptoms associated with schizophrenia: positive, negative, cognitive and symptoms associated mood.

Positive Symptoms

1. Delusions

Delusions are deeply held, firm, unshakable beliefs that don't stem from either personal experience or sociocultural norms. The individual's opinions are so fixed that they are unwilling to change from their convictions, regardless of counter arguments made by others. Extreme abnormalities and/or misinterpretations of a person's experiences or perceptions are sometimes understood to constitute delusions.

Types of delusions-

- Delusion of control: This is the idea that your thoughts, actions, and impulses are under the influence of someone outside of yourself. This entity could be a single person, or a team, or an unknown force.
- Delusion of persecution: This is the idea that you or a loved one is the target of unjust treatment, harm, or surveillance. The person may go to an extent that they may approach the authorities for assistance because of how strong their conviction is, which may seem inappropriate.
- Delusion of reference: This is the idea that something relates to you personally in the way that the person feels he is being discussed about by close ,lesser known or even unknown people.
- Grandiose delusion: This is an overblown or inflated sense of one's own abilities, strength, power, fame, or other talents which may seem impossible.
- Delusion of sin or guilt: This refers to unfounded, intense regret or a deep, sinking sense that you've done something extremlely wrong though its not attributable to the circumstances that may have occurred.

CHAPTER III

SYMPTOMS OF SCHIZOPHRENIA

- Delusion of poverty is the conviction that you are without money, that you are destined to become impoverished, or that you are about to turn penniless.
- Delusional jealousy: a false belief that your spouse is not being faithful.
- Delusion of love: this involves believing that you are in love with someone, usually someone who is famous or otherwise unreachable due to which the person suffering may go to any length that may put them under scrutiny.
- Nihilistic Delusion:The idea that you, or a portion of you, have no existence, or that an object in the outside world is not genuinely real, is known as the nihilistic delusion.
- Somatic Delusion:The idea that any or all of your body's organs are malfunctioning, ill, damaged, as it is under some one else's control.

2. Hallucinations:

A hallucination is an inaccurate perception of things or situations that involve your five senses — taste, smell, sight, hearing, and touch. Person expereincing it find it genuine, without any stimulus in reality.

Types of hallucinations-

- Auditory hallucinations:The most prevalent kind of hallucinations are auditory (sound) ones. The person hears things which is not heard by others. The voices could be indifferent, hostile, or positive. They might give you instructions that could endanger you or other people.
- Visual Hallucinations:The person sees things not seen by others. This kind of hallucination can also involve seeing things, creatures, and lights etc.

CHAPTER III

SYMPTOMS OF SCHIZOPHRENIA

- Tactile Hallucinations: Physical experiences within or around the body are a part of tactile hallucinations. This kind of hallucination might cause someone to mistakenly believe that, something is itching or slithering on them, or that the internal organs are moving within their body.
- The hallucinations of smell: When someone has an olfactory hallucination, they smell a thing that is not present. This kind of hallucination can cause someone to smell things that don't exist, such as substances, burnt rubber-based products, rotting trash, smoke, or some other smell.
- Gustatory Hallucinations: False sensations of taste are a feature of gustatory hallucinations. Hallucinations relating to taste include those that are salty, rusty, metallic in nature, or unpleasant.

3. Disorganized Speech and Thinking

A person diagnosed with schizophrenia may find it difficult to make sense of their ideas or to speak to others in a clear and rational manner. Their speech may be a manifestation of their disorganized or obstructed thoughts. When conversing, they might, hop around from topic to topic , make up phrases that fail to make logic ,discuss concepts that don't seem to be related ,respond to inquiries in a way that is inappropriate or irrelevant or put together rhyming phrases that don't make sense.

4. Disorganized Actions

A person suffering from schizophrenia may find it difficult to carry out daily activities including taking a shower, going on short trips, doing little schoolwork, going grocery shopping, and doing things like cooking, keeping things or picking things from else. Schizophrenia patients may find it difficult to organize their days and do daily chores. Additionally, they could act in ways that other people find strange. For instance, they could exhibit irrational agitation or lack inhibition in social settings.

CHAPTER III

SYMPTOMS OF SCHIZOPHRENIA

In addition, a person may exhibit catatonic signs. These could be inflexible posture, stillness, excessive repetition of motions, or failing to respond to their surroundings.

Negative Symptoms

Negative symptoms frequently interfere with a person's capacity to work, attend school, care for others, and do everyday tasks. They also have a tendency to last more than positive symptoms.

1. Decreased drive

Schizophrenia patients may struggle to complete tasks or to make and follow plans. Additionally, prior to and following the active stage of the illness, they could be less motivated and energetic. This behavior is sometimes misinterpreted as being lazy or as not wanting to try. However, this behavior is linked to the condition rather than the individual's personality.

2. Social disengagement

A shift in one's reactions toward other people is among the first signs of schizophrenia that many people encounter. A person may either withdraw and give others little to no attention, or they may become more alert and observant of other people. The individual can start to feel suspicious and anxious that people are rejecting them, discussing them, or are otherwise wanting to harm or plotting to cause harm; as a result of which they tend to be withdrawn and lack social interaction.

3. Decreased display of emotion

There is a tendency for many individuals with schizophrenia to be less emotionally expressive secondary to the illness. The person may seem devoid of expression and relate to other people’s emotions.

CHAPTER III

SYMPTOMS OF SCHIZOPHRENIA

4. Loss of enjoyment and interest

For those who have schizophrenia, enthusiasm for things that once gave them happiness, pleasure, or contentment is frequently diminished or gone. The person may seem disinterested in any activities or hobbies, he or she might have enjoyed earlier.

5. Decreased verbal communication

Even in social contexts, individuals with schizophrenia may talk relatively little due to slowed or obstructed mental processes. Answers to queries can be found in minimal words and content because of the symptoms of schizophrenia.

6. Alterations in routine and ability for functioning

An individual suffering from schizophrenia could become disinterested in grooming, bathing, or take care of self in terms of hygiene. It could be tough for them to perform everyday tasks like going out for work or leisure.

Cognitive Symptoms

Cognitive functioning, or the ability to think, is affected in individuals with schizophrenia.
Some areas affected are:

- Ability to pay attention to detail
- Ability to stay focused, and remember
- Ability to comprehend whats happening in the surroundings
- Ability to use logic and decision-making
- Ability to process knowledge
- Ability to communicate one another through language
- Ability to read social cues and comprehend social relationships
- Ability to plan and arrange tasks

CHAPTER III

SYMPTOMS OF SCHIZOPHRENIA

The way that schizophrenia affects thought can have an impact on a person's capacity to acquire knowledge or work, carry out daily tasks, and engage with others. Because cognitive symptoms are often persistent and may not improve with treatment, they can be difficult to manage.

CHAPTER IV

CAUSES

Schizophrenia often manifests as the emergence of psychotic symptoms in adolescence and early adulthood. Schizophrenia is thought to be a neurobiological illness, with a possible neurodegenerative component, later or in case of any long standing disease process. There is a family component that is mostly genetic in nature. Recently, a number of potential genes that might aid in the onset of schizophrenia have been discovered. Nonetheless, it has also been discovered that environmental variables contribute to the disease's onset. It has been suggested that some environmental variables, both biological and psychological, may account for a fraction of the variance in the risk of developing schizophrenia.

Changes in biochemistry

One possible cause of schizophrenia is a communication breakdown among neurons. Dopamine, a chemical messenger is found in various regions of the brain and is crucial for motor function, also has a role to play in memory, mood, learning and concentration. It has been shown to change the most among all the neurotransmitters (chemicals that carry messages between neurons i.e., brain cells). Traditionally, the primary neurochemical explanation for schizophrenia has been the theory of an imbalance in dopaminergic function, which implies that an excess of dopaminergic activity is the cause of the disease or at least the psychotic symptoms. The core of this theory stems from the observation that medications that raise levels can intensify schizophrenia or cause similar symptoms. In addition, other neurotransmitters involved are hyperactivity of alpha adrenergic and serotonin and hypoactivity of GABA.

Structural changes in the brain

The brain anatomy of nearly half of schizophrenia sufferers changes. These include ventricular dilation, a general reduction in brain size, and a decrease in the volume of specific brain regions, particularly the thalamus, prefrontal cortex, amygdala-hippocampal formation, and temporal lobe. However, it is crucial to emphasize that not all individuals exhibit these changes, nor are they exclusive to schizophrenia.

CHAPTER IV

CAUSES

Modifications to brain activity

Prefrontal cortex function, which is in charge of our capacity for reason, has been found to be impaired in most cases of schizophrenia, according to functional neuroimaging studies. The prefrontal cortex is important for cognitive functioning.In individuals developing schizophrenia, cognitive decline is one of the earliest feature in this diagnosis.Change in neural networks involving the prefrontal cortex leads to cognitive impairment.

CHAPTER V

RISK FACTORS

Genetic Factors

Studies have indicated that an individual's likelihood of acquiring schizophrenia is elevated if they have a close family member who has the disorder. This familial relationship suggests that genetic factors may play a role in the sensitivity to schizophrenia. There is a 40 % risk of developing schizophrenia incase both parents are diagnosed and 46 % in case of monozygotic twins. Numerous other illnesses, including depression, diabetes, hypertension, and coronary artery disease, have been linked to this as well.
It is indicated that 1% of the general population suffers from schizophrenia. The likelihood increases to around 1 in 10 (10%) if an individual has a first-degree family, such as a parent or sibling, who has schizophrenia. If a person has several sick family members, the likelihood might be substantially greater.

Environmental Factors

Several environmental factors are involved such as babies with low birth weight, winter birth or deficiency of Vitamin D. Pregnancy-related early environmental variables, such as the mother's exposure to the influenza virus, hypertension in mother, cigarette smoking, poor nutrition, or obstetric problems after birth, may raise the chance of developing schizophrenia later in life. Furthermore, the likelihood that a child may develop schizophrenia in the future increases with the age of the father at the time of conception.

CHAPTER VI

TYPES

Paranoid schizophrenia

Paranoid schizophrenia presents with prominent delusions and hallucinations related to paranoia. The hallmark of this type of schizophrenia is suspicion, which makes a person believe that someone is out to get them. A person may have a tendency to withdraw socially when such a delusion begins in an effort to protect themselves from perceived threats. Particularly auditory hallucinations may exacerbate the person's paranoid ideas. The person may also have an exalted perception of self being of a royal or noble family.

Hebephrenic schizophrenia

Disordered speech, disordered thinking, and dysfunctional affect are the hallmarks of hebephrenic schizophrenia. This involves people who struggle to properly communicate or arrange their thoughts or may appear perplexed.Their communication may be incomprehensible or unclear to others because they are not understanding it. They may also react inappropriately to emotional situations or not act at all to a certain circumstance. People with disorganized schizophrenia may also overlook their daily routines and personal cleanliness. It usually has a younger age of onset and prognosis depends on treatment. Early treatment improves the outcome of this diagnosis.

Catatonic schizophrenia

A person with catatonic schizophrenia may experience a variety of motor abnormalities that impact their actions, posture and gait. People who are affected by catatonia may move excessively and without purpose, or they may be extremely immobile. They might also make strange movements or postures. Because it can make a patient inattentive to his environment, catatonia is an extremely serious condition which warrants inpatient, emergency care.

CHAPTER VI

TYPES

Undifferentiated schizophrenia

When a person's symptoms do not clearly fall into one of the distinct subtypes outlined above, or have symptoms of 2 subtypes together, they are classified as undifferentiated schizophrenia. It can be difficult to categorize the symptoms of undifferentiated schizophrenia into a single group because affected individuals may display a combination of symptoms from various categories.

Residual Schizophrenia

It is characterized by signs that may not be as severe as those observed in acute schizophrenia, which can lead to institutionalization or disability. In contrast to the acute phase, residual schizophrenia can happen when a person merely exhibits delusions, hallucinations, and disordered thinking, although at a lower severity and frequency.

Simple Schizophrenia

It is characterized by symptoms that may include lack of emotional expression and reduced motivation. This covers the negative symptoms mentioned above and symptoms such as hallucinations and delusions are rarely observed.

CHAPTER VII

DIAGNOSIS

Among the most serious mental illnesses, schizophrenia is characterized by a wide range of impairments, including psychosis and apathy, cognitive deficiencies, disturbed functioning, and behavioral issues. The gold standard for making a mental illness diagnosis is diagnostic interviewing which includes a detailed workup in the form of thorough history from both the patient and caregivers.

Interviews with the patient, as well as with family members or other people who are familiar with the patient are necessary for a diagnosis of schizophrenia. These interviews concentrate on defining particular symptoms, the duration of the symptoms, functional issues, and the potential impact of drug or alcohol addiction on the presenting complaints. In order to rule out physical explanations for symptoms resembling those of schizophrenia, medical tests are frequently performed. A diagnosis is then made using the data from the interviews and any relevant medical testing, according to the guidelines provided by the DSM (Diagnostic and Statistical Manual of Mental Disorders) or ICD (International Classification of Diseases).

DSM Criteria:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6526801/

A. Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be (1), (2), or (3):

- 1. Delusions.
- 2. Hallucinations.
- 3. Disorganized speech (e.g., frequent derailment or incoherence).
- 4. Grossly disorganized or catatonic behavior.
- 5. Negative symptoms (i.e., diminished emotional expression or avolition).

CHAPTER VII

DIAGNOSIS

B. For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas, such as work, interpersonal relations, or self-care, is markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, there is failure to achieve expected level of interpersonal, academic, or occupational functioning).

C. Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or by two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

D. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms, or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

F. If there is a history of autism spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in addition to the other required symptoms of schizophrenia, are also present for at least 1 month (or less if successfully treated).

CHAPTER VII

DIAGNOSIS

ICD Criteria:

https://www.icd10data.com/ICD10CM/Codes/F01-F99/F20-F29/F20-#:~:text=A%20major%20psychotic%20disorder%20characterized,thinking%2C%20and%20retreat%20from%20reality.

(a) thought echo, thought insertion or withdrawal, and thought broadcasting;

(b) delusions of control, influence, or passivity, clearly referred to body or limb movements or specific thoughts, actions, or sensations; delusional perception;

(c) hallucinatory voices giving a running commentary on the patient's behavior, or discussing the patient among themselves, or other types of hallucinatory voices coming from some part of the body;

(d) persistent delusions of other kinds that are culturally inappropriate and completely impossible, such as religious or political identity, or superhuman powers and abilities (e.g. being able to control the weather, or being in communication with aliens from another world);

(e) persistent hallucinations in any modality, when accompanied either by fleeting or half-formed delusions without clear affective content, or by persistent overvalued ideas, or when occurring every day for weeks or months on end;

(f) breaks or interpolations in the train of thought, resulting in incoherence or irrelevant speech, or neologisms;

(g) catatonic behavior, such as excitement, posturing, or waxy flexibility, negativism, mutism, and stupor;

CHAPTER VII

DIAGNOSIS

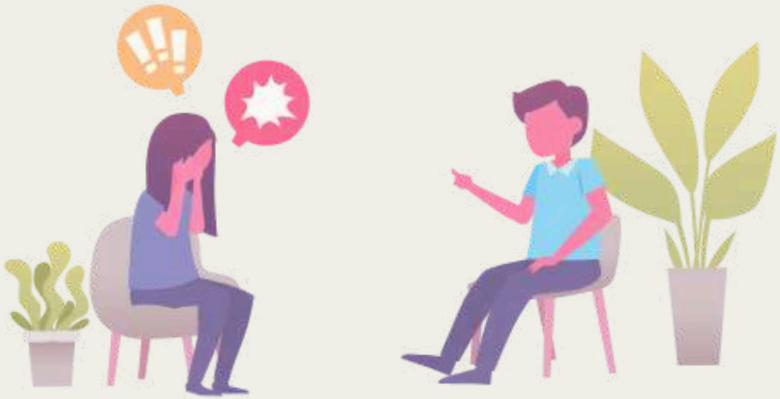
(h) "negative" symptoms such as marked apathy, paucity of speech, and blunting or incongruity of emotional responses, usually resulting in social withdrawal and lowering of social performance; it must be clear that these are not due to depression or to neuroleptic medication;

(i) a significant and consistent change in the overall quality of some aspects of personal behavior, manifest as loss of interest, aimlessness, idleness, a self-absorbed attitude, and social withdrawal.

CHAPTER VIII

ASSESSMENT

This involves detailed history taking , physical examination and serial MSE's. Psychological testing are tools that doctors and psychologists use to assess and investigate the symptoms of schizophrenia. These examinations may consist of cognitive evaluations, assessment of positive and negative symptoms along with exploration of personality. They could utilize a combination of tests to substantiate relevant findings. These tests aim to determine the degree to which the different symptoms of schizophrenia impact the patient's life.



CHAPTER IX

CHALLENGES FACED BY PATIENTS WITH SCHIZOPHRENIA

Schizophrenia patients deal with a variety of difficulties that can seriously affect their day-to-day functioning, interpersonal interactions, and overall life in general.

Among the challenges faced are:

- Stigma and Prejudice: Schizophrenia-related stigma and discrimination can result in bias, social exclusion, and less options for housing, work, and education. Such negative beliefs about the illness can exacerbate feelings of guilt and low self-worth.
- Having trouble keeping up relationships: Relationship maintenance with friends, relatives, and significant others can be difficult for those with schizophrenia due to its symptoms and the negative connotation attached to the illness. Loneliness and social disengagement may be made worse by communication problems and social withdrawal.
- Employment and Education: Getting and keeping a job or going for education purpose can be challenging for many people with schizophrenia. Manifestations include cognitive deficits and issues with focus and motivation can make it harder for them to perform well in the job or in school.
- Monetary Strain: Individuals and their families may face a considerable financial strain as a result of the expenses related to treating schizophrenia, which include medications, psychotherapy, and hospital stays. Financial hardship may also be exacerbated by joblessness or underemployment brought on by the disease.
- Associated substance dependence: People with schizophrenia are more likely to experience overlapping substance abuse problems, which can make managing and treating their illness more difficult. Substance misuse can worsen the signs of schizophrenia and cause other medical and social issues.
- Physical health comorbidities: People who have schizophrenia are more likely to suffer from conditions including diabetes, heart disease, obesity, and respiratory disorders. These comorbidities may be brought on by the illness itself or as side effects of medication, a sedentary way of life, and limited access to healthcare.

CHAPTER X

TREATMENT

The first line of treatment for schizophrenia is medication. Recovery can also be aided by psychosocial resources like peer support, education, psychotherapy and subsequently vocational training and rehabilitation. A person's recovery may benefit greatly from the support of their family. Family counseling can assist those who have schizophrenia and their loved ones in comprehending and coping with the illness's complications.

Medication

Antipsychotics are the primary drugs used to treat the clinical signs of schizophrenia. They are frequently taken in conjunction with drugs to treat the side effects of antipsychotics , stabilizers may be required to take care of common adverse effects such as tremors, rigidity etc.

Antipsychotics can lessen or eliminate psychotic symptoms like delusions and hallucinations. These drugs can assist to calm the individual and resolve symptoms in an individual suffering from schizophrenia in a few hours, although it takes upto 6-12 weeks for them to show complete improvement. Antipsychotic medicine should be continued regardless of whether the symptoms have been managed. Incase the compliance to medication is poor, long acting injection can also be considered.

Modified Electroconvulsive Therapy

Modified electroconvulsive therapy (MECT) may be recommended if medication fails to alleviate a person's symptoms of schizophrenia or if the patient exhibits significant depression. Indications for using this treatment include risk of harm to self, patient is in state of catatonia, to achieve quick response or remission, if patient doesn't tolerate medication due to side effects and in case of pregnancy. A small electric charge is applied to the patient's brain during a therapeutic procedure called Modified Electroconvulsive Therapy (M ECT) in order to induce a seizure.

CHAPTER X

TREATMENT

Transcranial magnetic stimulation

A more recent type of therapy called transcranial magnetic stimulation (TMS) uses magnetic waves to stimulate nerve cells in the brain. It is a non-intrusive method of stimulating particular brain regions for medical and diagnostic uses. Basically, the procedure involves applying magnetic waves to certain areas of your brain, where they heal the neurons and aid in getting relief from symptoms.This procedure is still questionable in terms of substantial improvement in case of schizphrenia.

Psychosocial treatments and resources

Psychosocial interventions aid in the development of therapeutic skills in individuals, including goal-setting and achievement.

Psychoeducation

Psychoeducation gives patients information on how to cope with their symptoms, the adverse effects of their medications, and how to avoid relapsing. It also offers details on the course of recovery, including ways to preserve quality of life and build problem-solving and stress-management abilities. Psychoeducation can be provided to family members and friends of the individual as well as to them individually or in groups.

Psychotherapy

In addition to medication-assisted treatment, a number of efficacious psychosocial interventions are currently offered either at an individual level or in a group settings for the treatment of schizophrenia. Group sessions can lessen loneliness and accelerate recovery by learning about how other people with schizophrenia cope with their illness. This also involves helping patients with activity scheduling.

Cognitive Behavioral Therapy for Psychosis

Evidence-based treatment for psychotic diseases called Cognitive Behavioral Therapy for Psychosis (CBTp) has been demonstrated to reduce symptoms and enhance performance in patients.

CHAPTER X

TREATMENT

The goal of CBTp is to improve function in spite of challenging experiences such as delusions, uncomfortable feelings, hallucinations, and disturbed thoughts.

Cognitive adaptation training (CAT)

Cognitive symptoms experienced by individuals with schizophrenia may interfere with their memory, concentration, attention span, and problem-solving skills. Daily tasks like taking medicine and taking care of oneself may be difficult to complete while experiencing these symptoms. Cognitive adaptation training (CAT) helps people manage their daily responsibilities by providing personally tailored aids like checklists and signals.

Family therapy

A family that is supportive can be of great assistance to those suffering from schizophrenia. On the other hand, family members frequently go through a lot of stress as well. They may find it more difficult to support others and to look after themselves as a result. People can learn coping mechanisms and efficient communication techniques with the use of individual and family counseling, psychoeducation seminars, and support groups. This will enable them to provide better care for themselves and their family members.

Inpatient treatment

With the right care and medicine, a person with schizophrenia may experience minimal or no life disruptions. Nonetheless, a temporary stay to help the patient in acute state in the hospital can be required. The purpose of a hospital admission is to give the patient the care they require to get well again and go home as soon as feasible.A normal hospital stay could be a few days or many weeks. Plans and objectives for rehabilitation and treatment will be determined during this period.

CHAPTER XI

SUPPORTING LOVED ONES

Inadequate social skills, negative symptoms, cognitive issues, and difficulties forming and sustaining social interactions are all linked to schizophrenia. Recognizing how these issues disrupt social functioning can help one to assist one's patient. Symptoms of psychosis can make social interaction difficult. Negative symptoms might make it difficult for patients to put up the effort required to build connections, such as a lack of initiative and interest. The patient can struggle to come up with anything to do with someone else or struggle to carry out suggestions made by others. Four main areas of relationship difficulty arise from the challenges posed by schizophrenia: relating to others, being closer to others, utilizing social skills, and handling conflict. It takes time and patience to improve abilities.

How to support your patient

1. Maintain treatment adherence

It is important to ensure that the patient is regularly taking the medication and helping the patient stay in regular touch with the doctors and be regular with follow up.

2. Actively listen to them and follow up with them

It is crucial to check in on your loved ones and see how they are feeling and doing. Everyone needs to feel heard and wanted. When your loved one is sharing something with you, make sure you are attentive and involved, show that you are paying attention to them by expressing worry and making sure you understand them. Offer your affirmation of their feelings, even if you disagree.

3. Lessen tension and pointless disputes

Household strain can lead to onset of relapse in a recovering patient. Contribute to the growth of the recovering individual with constructive support by engaging in open discourse and healthy communication. Aim to avoid needless or undesirable conversation subjects and instead make an effort to spend quality, meaningful time together.

CHAPTER XI

SUPPORTING LOVED ONES

4. Promote healthy behaviors

Demonstrate your support by leading a healthy lifestyle yourself, whether that means maintaining open lines of communication, getting enough sleep, exercising, eating well, or giving up alcohol, drugs, and smoking. Beyond just helping your loved one, this will also benefit you by enhancing your physical, mental, and spiritual well-being and creating new memories.

5. Avoid passing judgment

Patients in recovery frequently struggle with uncertainty, confusion, shame and remorse in the past and may still have negative self-perceptions. It is essential not to judge them. Accept, love, and value people for who they are rather than passing judgments on them.

6. Give them encouragement and help

Express your pride in your loved one's recovery to show them your encouragement and support. Family's approval, love and encouragement can make a huge impact during recovery. Encourage them to participate in therapy, recovery programs, mutual aid organizations, and other recovery-related activities.

7. Show patience

Recognize that nobody transforms into someone else overnight. Even after entering treatment, a person may continue to participate in harmful habits or make bad choices. Relapses and other setbacks do occur. If they do, try to be patient with yourself and your loved one, and try expressing your love, care, and support for them.

8. Establish reasonable boundaries

Unhealthy boundaries are frequently established during active symptoms and may persist following recovery. Everyone must assess any problematic behaviors they may be engaging in, such as codependency or enabling.

CHAPTER XI

SUPPORTING LOVED ONES

9. Reduce the triggers in the environment

Encourage them to stay away from social settings where they run the danger of relapsing, or accompany them to help keep them responsible.

10. Find your support system practice self-care, and learn to let go

Discovering your personal healing source is vital. In addition to helping you, appropriate self-care and support will show your loved one in recovery how to operate in a healthy way. Family support groups offered by various inpatient or outpatient treatment centers, and others, are great means of providing support for loved ones. The family should also consider seeing a therapist if and when required.

Supporting Yourself:

Helping and caring for your loved one during the symptomatic and recovery phase might be challenging. You might also require assistance. This will allow you to stay involved in your relative's rehabilitation process on an active basis.
You can focus on the following aspects in order to help yourself:

1. Participate in a support group

Caregivers of patients diagnosed with schizophrenia frequently experience feelings of dread, uncertainty, loneliness, loss, or bereavement. It can be comforting and beneficial to be among people who share similar beliefs and feelings and hence, it can be useful if family members join and attend support groups/meetings.

2. Acknowledge how you feel and acquire coping skills

Families must strike a balance between giving their family member diagnosed with schizphrenia and making time for themselves. By doing this, burnout and tiredness are avoided. Hence, this helps to better take care of the patient.

3. Learn everything you can about the disease

It is important to educate yourself about signs and symptoms of schizophrenia, particularly when the condition is first being treated.

CHAPTER XI

SUPPORTING LOVED ONES

It will enable you to encourage your relative and obtain the assistance that you require. You will be in a better position to support your relative's rehabilitation and manage the treatment process if you are more knowledgeable about their illness. Gaining more knowledge about the condition might also assist you in accepting the entire situation and dealing with it in a better manner.

4. Consult a therapist

Seeing a trained mental health professional can help you get the assistance you need, whether or not your family member is there. You can share ideas and emotions in professional counseling that you might not feel comfortable discussing with others and have the sense that you are being heard and acknowledged. Additionally, psychotherapy can help you deal with feelings of despair, dread, nervousness, and grief; enhance your sense of wellbeing; and improve your coping skills and ability to communicate.

5. Exercise self-care

Everyone should practice self-care, but it's especially crucial during trying or stressful times. It is important to prioritize attending to your bodily, mental, religious, and interpersonal requirements.