## Education session one-Schizoaffective

*I know from interviewing you both previously that you both are familiar with the dx that _____has been given, and that is schizoaffective disorder.*

*What does schizoaffective disorder mean to you? What kind of effect has it had on you?*

### Go over common myths

Look at myths page

### Explain the diagnosis

### Prevalence for Schizoaffective disorder in the general population

About one in every two hundred people (1/2 percent) develops schizoaffective disorder at some time during his or her life. Schizoaffective disorder, along with schizophrenia is one of the most common serious psychiatric disorders. There is a 10% prevalence rate for the same disorder among first degree relatives of clients.

### Course of Disorder

The disorder usually beings in late adolescence or early adulthood often between the ages of sixteen and thirty. The disorder is life long, although the symptoms gradually tend to improve over the person's life. The severity of symptoms usually varies overtime, at times requiring hospitalization for treatment. However, most clients have at least some symptoms throughout their lives.

### How diagnosis is established

Schizoaffective disorder can only be diagnosed by a clinical interview. The purpose of the interview is to determine whether the client has experienced specific "symptoms" of the disorder, and whether these symptoms have been present long enough to merit the diagnosis. In addition to conducting the interview, the diagnostician must also check to make sure that the client is not experiencing any physical problems that could cause symptoms similar to schizoaffective disorder, such as a brain tumor or alcohol or drug abuse.

Schizoaffective disorder *cannot* be diagnosed with a blood test, an X ray, a CAT scan, or any other laboratory test. An interview is necessary to establish the diagnosis.

### Symptoms

*I would like to spend a few minutes talking about symptoms. It is easy for me to give you a definition of each of these symptoms but when it comes down to explaining what these symptoms are actually like, _____ is the expert. I would appreciate your help, in helping your family understand more about some of these symptoms. Is that okay with you?*

#### The Characteristic Symptoms of Schizoaffective Disorder

The diagnosis of schizoaffective disorder requires that the client experience some decline in social functioning for at least a six-month period, such as problems with school or work, social relationships or self-care. In addition, some other symptoms are commonly present. The symptoms of schizoaffective disorder can be divided into five broad classes: *positive symptoms, negative symptoms, symptoms of mania, symptoms of depression and other symptoms.* A person with schizoaffective disorder will have some (but not all) of the symptoms described below.

*Positive Symptoms*

Positive symptoms refer to thoughts; perceptions and behaviors that are ordinarily absent in people in the general population, but are present in person with schizoaffective disorder. These symptoms often vary over time in their severity, and may be absent for long periods in some clients.

**Hallucinations.** Hallucinations are false perceptions; that is hearing, seeing, feeling or smelling things that are not actually there. The most common type of hallucinations are *auditory hallucinations.* Clients sometimes report hearing voices talking to them or about them, often saying insulting things, such as calling them names. These voices are usually heard through the ears and sound like other human voices.

**Delusions.** Delusions are false beliefs; that is, a belief that the client holds but that others clearly see is not true. Some clients have paranoid delusions, believing that others want to hurt them. *Delusions of reference* are common, in which the client believes that something in the environment is referring to him or her when it is not (such as the television talking to the client). *Delusions of contro*l are beliefs that others can control one's actions. Clients hold these beliefs strongly and cannot usually be "talked out" of them.

**Thinking Disturbances.** The client talks in a manner that is difficult to follow, an indication that he or she has a disturbance in thinking. For example, the client may jump from one topic to the next, stop in the middle of the sentence, make up new words, or simply be difficult to understand.

*Then the client is asked whether he or she has experienced that symptom and if so is asked to describe what it was like.*

*Then the therapist asks family member whether they were aware that the client had a particular symptom.*

*The therapist makes it clear to the family that not all symptoms must be present for a client to have the psychiatric disorder.*

*Negative Symptoms*

Negative symptoms are the opposite of positive symptoms. They are the absence of thoughts, perceptions, or behaviors that are ordinarily present in people in the general population. These symptoms are often stable throughout much of the client's life.

**Blunted Affect.** The expressiveness of the client's face, voice tone, and gestures is diminished or restricted. However, this does not mean that the person is not reacting to his or her environment or having feelings.

**Apathy.** The client does not feel motivated to pursue goals and activities. The client may feel lethargic or sleepy and have trouble following through on even simple plans. Clients with apathy often have little sense of purpose in their lives and have few interests.

**Poverty of Speech or Content of Speech**. The client says very little, or when he or she talks, it does not amount to much. Sometimes conversing with the client can be unrewarding.

**Anhedonia.** The client experiences little or no pleasure from activities that he or she used to enjoy or that others enjoy. For example, the person may not enjoy watching a sunset, going to the movies, or a close relationship with another person.

**Inattention.** The client has difficult attending and is easily distracted. This can interfere with activities such as work, interacting with others and personal-care skills.

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*Symptoms of Mania*

In general, the symptoms of mania involve an excess in behavioral activity, mood states in particular, irritability or positive feelings), and self-esteem and confidence.

**Euphoric or Expansive Mood.** The client's mood is abnormally elevated; for example, he or she is extremely happy or excited (euphoria). The person may tend to talk more and with greater enthusiasm or emphasis on certain topics (expansiveness).

**Irritability.** The client is easily angered or persistently irritable, especially when others seem to interfere with his or her plans or goals, however unrealistic they may be.

**Inflated Self-Esteem or Grandiosity.** The client is extremely self-confident and may be unrealistic about his or her abilities (grandiosity). For example, the client may believe he or she is a brilliant artist or inventor, a wealthy person, a shrewd businessperson, or a healer when he or she had no special competence in these areas.

**Decreased Need for Sleep.** Only a few hours of sleep are needed each night (such as less than four hours) for the client to feel rested.

**Talkativeness.** The client talks excessively and may be difficult to interrupt. The client may jump quickly from one topic to another (called flight of ideas), making it hard for others to understand.

**Racing Thoughts**. Thoughts come so rapidly that the client finds it hard to keep up with them or express them.

**Distractibility.** The client's attention is easily drawn to irrelevant stimuli, such as the sound of a car honking, outside on the street.

**Increased Goal-Directed Activity.** A great deal of time is spent pursuing specific goals, at work, school, or sexually.

**Excessive Involvement in Pleasurable Activities with High Potential for Negative Consequences.** Common problem areas include spending sprees, sexual indiscretions, increased substance abuse, or making foolish business investments.

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*Symptoms of Depression*

Depressive symptoms reflect the opposite end of the continuum of mood from manic symptoms, with a low mood and behavioral inactivity as the major features.

**Depressed Mood.** Mood is low most of the time, according to the client for significant others.

**Diminished Interest or Pleasure.** The client has few interests and gets little pleasure from anything, including activities previously found enjoyable.

**Change in Appetite and/or Weight.** Loss of appetite (and weight), when not dieting, or increased appetite (and weight gain) are evident.

**Change in Sleep Pattern.** The client may have difficult falling asleep or staying asleep, or may wake early in the morning and not be able to get back to sleep. Alternatively, the client may sleep excessively (such as over twelve hours per night), spending much of the day in bed.

**Change in Activity Level.** Decreased activity level is reflected by slowness and lethargy, in terms of both the client's behavior and his or her thought processes. Alternatively, the client may feel agitated, "on edge," and restless.

**Fatigue or Loss of Energy.** The client experiences fatigue throughout the day, or there is a chronic feeling of loss of energy.

**Feelings of Worthlessness, Hopelessness, Helplessness.** Clients may feel they are worthless as people, that there is not hope for improving their life, or that they are helpless to improve their unhappy situation.

**Inappropriate Guilt.** Feelings of guilt may be present about events that the client did not even cause, such as a catastrophe, a crime or an illness.

**Recurrent Thoughts about Death.** The client thinks about death a great deal and may contemplate (or even attempt) suicide.

**Decreased Concentration or Ability to Make Decisions.** Significant decreases in the ability to concentrate make it difficult for the client to pay attention to others or complete rudimentary tasks. The client may be quite indecisive about even minor things.

*Other Symptoms*

Clients with schizoaffective disorder are prone to *alcohol or drug abuse*. Clients may use alcohol and drugs excessively either because of the disturbing symptoms, to experience pleasure, or when socializing with others.

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