Psycheducational Manual for Families of People with Schizophrenia

Shiva Fatemifiroozabadi
Dominican University of California

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PSYCHOEDUCATIONAL MANUAL FOR FAMILIES OF PEOPLE WITH SCHIZOPHRENIA

Shiva Fatemifiroozabadi, M.D
Schizophrenia

- Schizophrenia is a relatively rare mental dysfunction which causes significant discomforts for the patient and his/her family.

- This mental illness usually starts at the young ages and lingers virtually forever, it affects almost every aspect of patient’s and his/her family’s life.

- Schizophrenia declines the individual’s ability to normally interact with others in multiple settings be it family, workplace, and society.

- Families of patients with schizophrenia usually experience declining in the quality of their life and have higher degree of depression and anxiety and social isolation.
Why psychoeducation is important

• Families usually want to be part of their patient’s treatment and eager to support them through recovery

• The importance of family psychoeducation in patients with psychotic symptoms has been studied from different perspectives.

• FPE is one of the best evidence based recommendation in treatment plans
Research:

- Researches has shown that Psychoeducation helps with lowering the relapse, hospitalization rate and medication compliance, as well as reduce the length of hospital stay.
What is mental illness?

• The word “Illness“ is related to any problem that cause the body organs to not work properly. This fact is true about all body parts like blood, heart, brain, etc.
• For example, in Diabetes, a part of the pancreas does not work appropriately to release enough insulin, which leads to high blood sugar in the body.
• What happens when the brain does not work properly?
• Therefore, when we talk about mental illnesses we consider that problems related to the brain.
• Best way to understand the brain disorders is to know more details about how the brain works to understand the changes seen in mental illnesses.
How does the brain work?

- Human behavior, thoughts, language and consciousness as well as the ability to think, all originate in the cerebral cortex.

- The brain is made up of about 100 billion specialized nerves (neurons), closely packed together in the small place make the brain to wrinkle.
Brain lobes:

- **The frontal lobes**: are responsible for our emotional control and personality.

- **Parietal lobes**: are responsible for processing complex sensations like touch, shape and directions.

- **Temporal lobes**: process our hearing, and are vital for memory and learning.

- **Occipital lobes** are responsible for processing visual sensations.
Neurons:

• Neurons are specialized nerve cells are in charge of transmitting both chemical and electrical forms of information.

• The axon and dendrites are specialized parts of the neuron, which help with transferring information throughout the body cells via particular spaces between them.
Neurotransmitters:

- Biochemical substances called neurotransmitters carry information from one neuron to another.

- There is a space between two neurons, which is called synapse. Information can pass through the neurons using neurotransmitters through these synapses.
Different types of neurotransmitters:

- **Acetylcholine**: Associated with voluntary movement, learning, memory and sleep.
  - High acetylcholine is associated with depression, low amount of it is associated with memory problems.
- **Dopamine**: Associated with thoughts and feelings. Parkinson’s disease is associated with deficits in dopamine. High dopamine has been associated with schizophrenia.
- **Norepinephrine**: Associated with alertness. Low norepinephrine has been associated with depression, while excess has been associated with schizophrenia.
- **Serotonin**: plays a role in mood, sleep, appetite, and impulsive and aggressive behavior
  - Low serotonin is associated with depression and some anxiety disorders, especially obsessive-compulsive disorder.
Epidemiology of Schizophrenia

- Lifetime prevalence: 0.5 – 1.0%
- Average age of onset:
  - Males: teens to mid-20’s
  - Females: early to late 20’s
- Range: Early childhood to 50’s/60’s
- Male slightly > female
- Leads to suicide in ~10% of cases, especially in first decade of illness
Etiology of schizophrenia:

- The first-degree families of persons with schizophrenia are at the increase rate of developing the disease more than other family members.
- The risk of schizophrenia in their child will increase to 40% if both parents have schizophrenia.
- Offspring of the mothers who had nutrition deficiencies or some types of viral infections during their pregnancy might be at a higher risk of developing schizophrenia later in life.
- Heavy marijuana smoking in adolescence is associated with acceleration of the onset of psychosis in those who have already at risk for developing schizophrenia.
Complications:

• Substance abuse:
  • Alcohol and drug abuse is a common problem between people with schizophrenia. For some people, these drugs help them cope with the symptoms of the disease or the adverse effects of medications.
  • Patients with schizophrenia may have symptoms of depression and anxiety.

• Violence:
  • Schizophrenia is not directly related to violence. However, some of the patients may become violent, because of hallucinations or delusions.
Pathophysiology of schizophrenia

• **Anatomical defects:**
  - Imaging studies has shown that the ventricles of the brain in these patients are larger, and the volume of the brain is less in medial temporal lobes.

• **Neurotransmitter changes in schizophrenia:**
  - Schizophrenia is associated with defects in the dopaminergic pathway in the brain. The main antipsychotic drugs like chlorpromazine and reserpine, work by blocking the dopamine in this pathway.

• **Immune dysfunction**: Schizophrenia may be associated with immune dysfunction. Inflammation may be responsible for the psychopathology of schizophrenia. Metabolic disorders also have been seen in patients with schizophrenia.
Diagnosis of Schizophrenia:

- Schizophrenia is not associated with any characteristic laboratory test.
- Diagnostic criteria for schizophrenia are clinical and according to DSM criteria.
Positive Symptoms:

- Distortions or excesses of normal functioning
  - delusions,
  - hallucinations,
  - disorganized speech,
  - thought disturbances,
  - motor disturbances

- Positive symptoms are generally more responsive to treatment than negative symptoms
Negative Symptoms:

- **Anhedonia:**
  - inability to feel pleasure; lack of interest or enjoyment in activities or relationships

- **Avolition**
  - inability or lack of energy to engage in routine (e.g., personal hygiene) and/or goal-directed (e.g., work, school) activities
Psychosocial treatment in schizophrenia:

• Psychotherapy is an important part of the treatment in healing schizophrenia.
• Cognitive-behavioral therapy
• Social skills trainings and social cognition trainings.
• Psychotherapy treatments are according to the recovery model.
Recovery Model

• According to this model, the goals of treatment for a person with schizophrenia are as follows:
• To have few or stable symptoms
• To avoid hospitalization
• To manage his or her own funds and medications
• To be either working or in school at least half-time
Rehabilitation

• Vocational rehabilitation

• Family intervention

• Smoking cessation

• Diet and Activity

• Prevention
Advocacy:

- The National Alliance on Mental Illness (NAMI) is a helpful advocacy group that is supportive for family members.