

# Clinical Psychology

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**Sheet# 13**  
**Schizophrenia Spectrum Disorders ( SCZ )**

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# Schizophrenia Spectrum Disorders (SCZ)

## Page 4

Negative symptoms:

- Flattened affect: no emotion expression and no reactivity.
- Poor grooming: they don't care about their appearance(clean, neat).
- Lack of motivation :avolition.

Therapy:

1. Typical: first generation.
2. Atypical: second generation.

## Page 5

Grossly disorganized behavior: agitation or bizarre movement or behavior or catatonic behavior or stereotypic movement.

## Page 6

Negative symptoms

- Alogia: poverty of speech(no speech)
- Asociality: they don't care about their self ( appearance ,clean) or social events or they don't have hobbies.

## Page 7+8

**NOT all patients have these symptoms.**

## Page 9

They may feel like the mind is jumping from one unrelated thought to another ( loosening of association )

## Page 10

Remember make up new word mean neologism.  
SCZ is one of the most disabling mental disorders .

## Page 12

- Scientists also find problems in hippocampus and frontal lobe.

## Page 13

- Point 2 (a)mainly influenza virus

## Page 18

- Patients have poor insight (they don't know what happen with them),so 50% avoid taking medications.
- Mood symptoms mean has a few negative symptoms.

## Page 19

- History of assaultiveness :a history of violence towards others.
- Insidious onset: the slower onset· the worse prognosis.

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- Long-acting depot is given every 2 or 3 weeks.
- Negative symptoms do not usually improve much.

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- Delusion disorder is milder than SCZ

## *Page 24*

- Delusions are logically constructed and internally consistent (their words and delusions are in order)
- Despite his/her profound conviction, there is often a quality of secretiveness or suspicion when the patient is questioned about it (They don't like to talk about their delusions if someone asks them)

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Schizoaffective disorder: psychotic disorder like schizophrenia (meets 2/5 of the schizophrenia symptoms on slide 5) + symptoms of a mood disorder.

How can we differentiate between schizoaffective disorder vs. bipolar disorder? Bipolar affects solely the mood while schizoaffective needs to have at least 2 weeks of hallucinating and delusions unrelated to the mood symptoms.

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Brief psychotic disorder exhibits no negative symptoms which means its prognosis is much better than the other psychotic disorders.

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They are hospitalized because they suddenly become acute and have psychotic symptoms like aggression, confusion, disorientation.

## *Page 31*

Delirium is a disorder caused by organic causes. Delusion is a symptom.

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In Folie à deux, the psychosis spreads from the more dominant powerful person to the passive one. (Parent to child/Spouse to another etc.).

## *Page 33*

Answer is delusional disorder.

## *Page 34*

Answer is Shared psychotic disorder.

## *Page 35*

Answer is Psychosis due to a general medical condition.

## *Page 36*

Answer is schizoaffective disorder. Not bipolar because in bipolar, when the mood gets better, the voices stop.