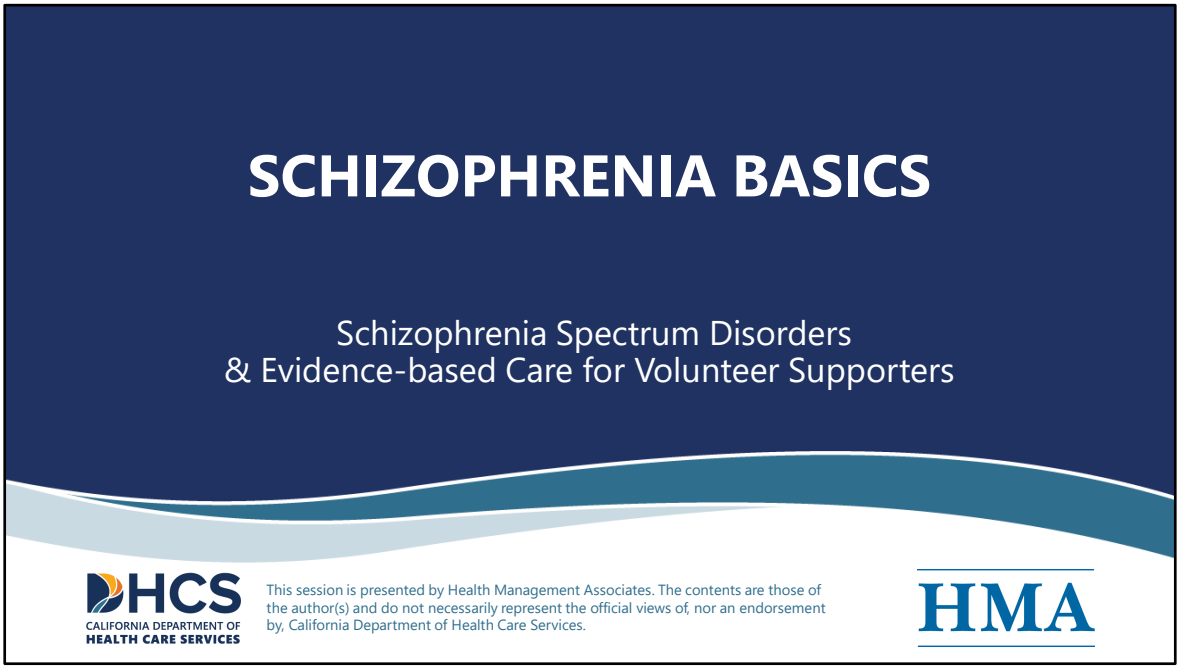


[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

This is part 1 of a 3-part series on Schizophrenia Spectrum Disorders & Evidence-based Care. This training is meant for individuals supporting individuals with schizophrenia. That could be a volunteer supporter, a family member, or other natural supports.

Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

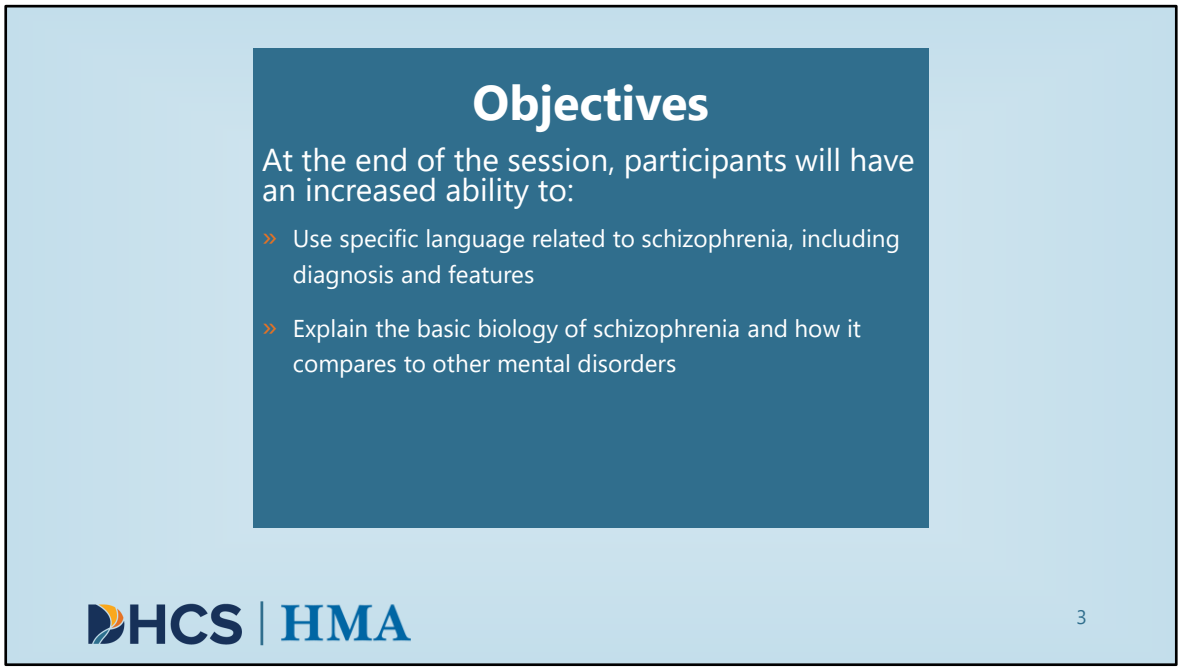
[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Deborah Rose, PsyD from Health Management Associates, is a New York State licensed clinical psychologist with a history of designing and scaling new initiatives in behavioral health services. She has extensive experience working with social service agencies, behavioral health centers, care coordination, supported housing, and homeless services. Dr. Rose has broad clinical experience with a variety of underserved populations in human services and has held executive leadership positions in community-based agencies and carceral settings. Earlier in her career, Dr. Rose oversaw Kendra's Law, and Assisted Outpatient Treatment (AOT) program in NYC. She was also Deputy Director of Behavioral Health across the Rikers Island jail system. She has strived to improve access to and delivery of person-centered services for adults living with mental illness, substance use disorders, and cooccurring conditions.

Marc Avery, from Health Management Associates, is a board-certified psychiatrist and a recognized national leader in the subject of person-centered, integrated psychiatric care for high-needs and safety-net patients. He has had the privilege of providing (and overseeing) behavioral health care services to many hundreds of individuals with

schizophrenia spectrum disorders and psychotic conditions including working with families, supporters, peer service providers and other persons who assist the in the care and treatment of persons with schizophrenia and related conditions.

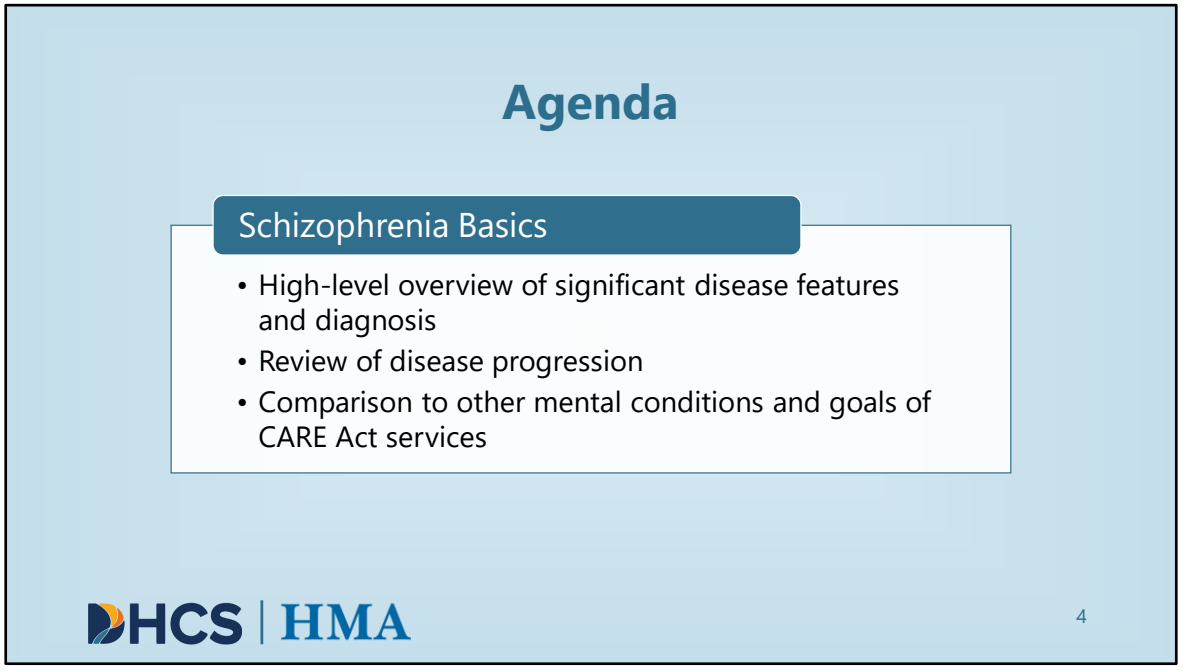
Dave Leon has been a social worker in Los Angeles for 20 years. He has extensive experience in front line social work within the public mental health system, psychotherapy within the college system and as an adjunct professor. Dave is also a musician. Now a Co-Exectutive Director of Painted Brain, he inaugurated the project with a group of artists in 2006 by launching issue one of The Painted Brain magazine.



[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

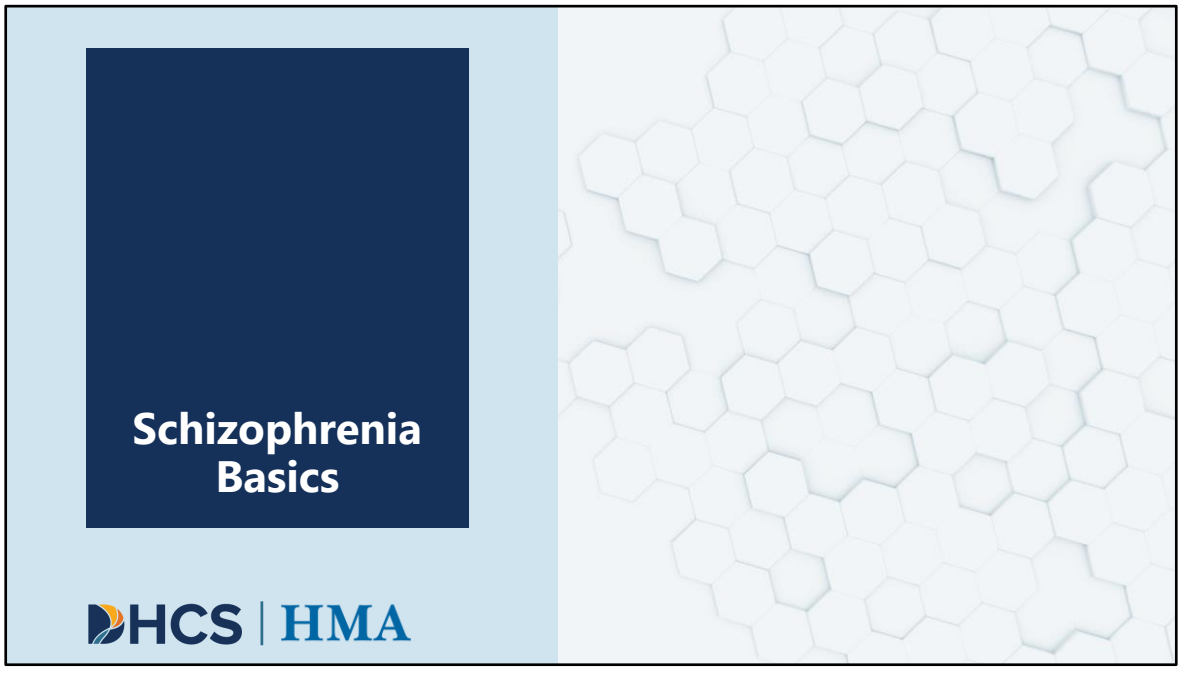
At the end of the session, participants will have an increased ability to:

- Use specific language related to schizophrenia, including diagnosis and features
- Explain the basic biology of schizophrenia and how it compares to other mental disorders



[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

In this training we give an overview of disease features and diagnosis, review disease progression, and compare schizophrenia to other conditions.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Note: We will be referring to “supporters” throughout this training. This is in reference to those individuals that provide support to CARE recipients, inclusive of volunteer supporters, family members, friends, neighbors, colleagues, etc.

Background

- Schizophrenia Spectrum conditions are relatively common but serious psychiatric illness.
- Schizophrenia is a disease of the brain that primarily affects people's thinking, emotions, and actions.
- Schizophrenia is often portrayed incorrectly on television and other media.
- Those living with schizophrenia experience discrimination because of their condition.

For more information, visit Mental Health Facts in America.

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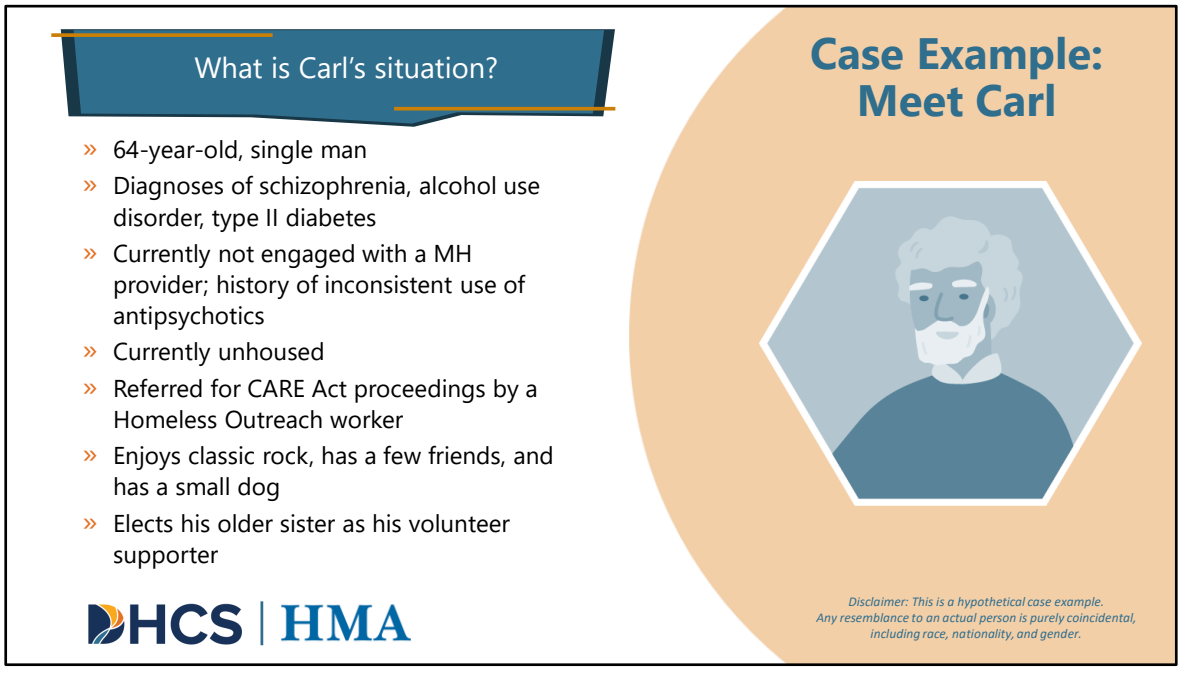
6

[Slide Image Description: This slides shows a picture of an individual looking at a smiling individual with four bullet points that list Schizophrenia background information.]

- Schizophrenia Spectrum conditions are relatively common but serious psychiatric illness affecting about 1/100 to 1/200 person in the US.
- It is commonly referred to as a disease of the brain that primarily affects people's thinking, emotions, and actions.
- Schizophrenia is often portrayed incorrectly on television and other media – leading to a lot of negative stigma about what it is, how it presents, and how people can get the help they need.
- Persons with schizophrenia also often experience discrimination because of their condition – which, among other things, makes getting effective treatment and maintaining a place in their community more difficult.

The goal of this first part of the training is to cover the basic facts about this condition, including symptoms and terminology.



[Slide Image Description: This slide shows an image of an individual depicting Carl and a description of Carl's situation.]

We are going to use a case example to explore the features of schizophrenia through the lens of a case example: Carl.

What is Carl's situation?

- Diagnoses of schizophrenia, alcohol use disorder, type II diabetes
- Currently not engaged with a MH provider
- History of inconsistent use of antipsychotics
- Currently unhoused
- Referred for CARE Act proceedings by a Homeless Outreach worker who checks in with him regularly
- Enjoys classic rock, has a few friends, and has a small dog
- Carl elects his older sister as his volunteer supporter

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

Factors of Schizophrenia

- Causes of schizophrenia are not well understood
- Multiple factors play a role in developing schizophrenia

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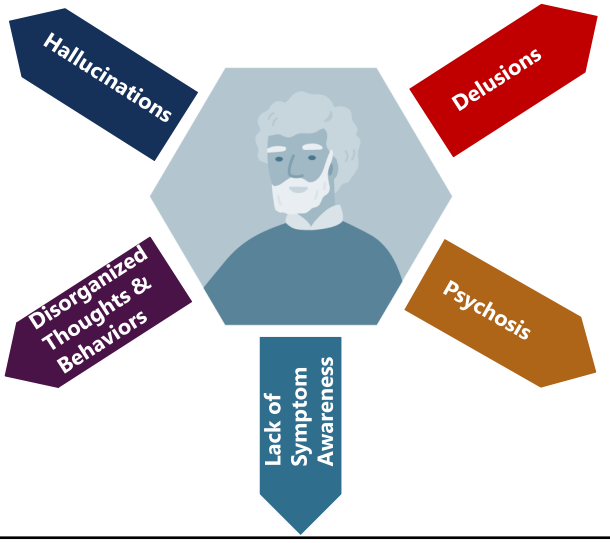
8

[Slide Image Description: This slide shows an image of Carl with colored arrows listing factors of Schizophrenia.]

So what causes schizophrenia in the first place? The fact is, the causes of schizophrenia are not well understood. This may be because there is probably not one single pathway that leads developing schizophrenia. Most researchers believe that multiple factors play a role – brain development and chemistry, genetics, risk factors including substance use, and environmental factors (including stress) may all play a role. It is thought that these risk factors result in alterations in transmission of certain neurotransmitters – the chemicals that our brain cells naturally release when communicating with one another.

Features of Schizophrenia

- Each person's experience of schizophrenia is unique
- No single symptom or feature that is common to ALL persons with this condition



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9

[Slide Image Description: This slides shows an image of Carl with colored arrows listing features of Schizophrenia.]

Each person's experience of schizophrenia is unique – there in no single symptom or feature that is common to all persons with this condition. However, there are several features that often or typically occur – these include hallucinations, delusions, disorganized thinking/behavior, psychosis, lack of symptom awareness, and some other features that will be discussed in the upcoming slides.

Features | Hallucinations

- Hallucinations are when an individual hears or sees something that isn't there.
  - Hallucinations can be highly distressing, distracting, and confusing to experience.
  - Hallucinations are unique for each individual experiencing schizophrenia.

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10

[Slide Image Description: This slide shows an image of an individual hugging their knees with a description of hallucination features.]

Hallucinations in schizophrenia refer to hearing or seeing things that aren't actually there. Hallucinations can be highly distressing, distracting, and confusing to experience. Hallucination are generally distinguished from illusions. Whereas hallucination refer to seeing or hearing things that aren't really there, illusions refer to a misinterpretation of real sounds, sights, etc. Both can be distressing, but hallucinations are specific to psychosis.

Types of hallucinations:

- **Hearing**: The most form of hallucination is things – such as hearing a voice, or multiple voices.
  - Each person's experience of hearing sounds or voices are unique – they can be fleeting or constant, loud or soft, singular or multiple voices, some benign comments while other voices may be perceived as commands.
- **Seeing**: Not all hallucinations are in the form of sounds – visual hallucinations, or seeing things, can also occur in schizophrenia.
  - These also can vary a lot from person to person – some people just see

fleeting shadows, while other visual hallucinations can be more fully formed.

- **Other senses**: Other types of hallucinations are also possible with the other senses of touch, taste, and smell -- but these are less common.

Looking to our example Carl, he hears voices that he doesn't like to acknowledge or talk about and he does sometimes see things that make him very uncomfortable and nervous. He's very uncomfortable talking about these things with other people but they are a part of his ongoing experience.

Features

Delusions

- Delusions are constant and false beliefs that often sound strange to an outside observer.
- A common type of delusion is a paranoid delusion or a persistent, suspicious belief that an individual has about others intending to harm them.

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11

[Slide Image Description: This slide shows an image of an individual sitting on a bench and looking down. There is a description of the features of delusions.]

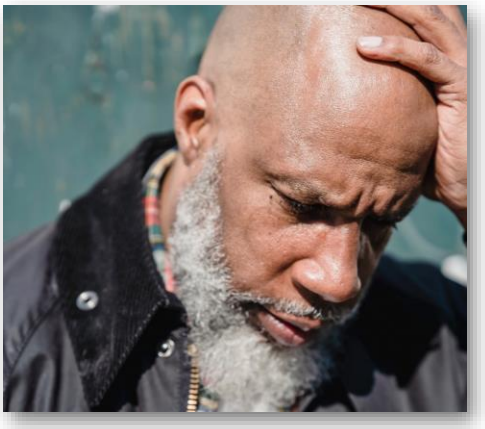
Delusions are another common feature in schizophrenia.

- Delusions refer to constant, false beliefs that are often bizarre sounding to an outside observer.
    - For instance, someone might feel the body of a person they know well has been taken over by someone else entirely.
    - A common type of delusion is a paranoid delusion – or persistent, suspicious beliefs that others intend to harm them in some way.
- Like hallucinations, delusions can be highly distressing and preoccupying, or may result in the person engaging in harmful behaviors as an attempt to address the false belief.

Looking to the case study, Carl experiences delusions and believes that aliens from another world have infected this world. He recognizes people see this as a delusion. Carl's anxiety can amplify the delusion and make him more suspicious.

Features | Disorganized Thoughts & Behaviors

- Disorganized thoughts and behavior can present through difficulty organizing sentences, staying on topic, or getting basic needs accomplished (e.g., dressing for the weather)
- Individuals with disorganized thoughts often have difficulty with speech/communication.



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12

[Slide Image Description: This slide shows an image of an individual looking down with their hand on their head and features of disorganized thoughts and behaviors.]

Persons with schizophrenia often experience disorganized thoughts and behavior – especially when in an acute episode of the illness. Persons may have difficulty organizing their speech into logical sentences, or in staying on topic in order to get basic needs accomplished (such as dressing appropriately for the weather or preparing food).

Persons who experience disorganized thinking of schizophrenia oftentimes have difficulty with communication with others in order to obtain basic care and services. As you can imagine – this disorganization can lead to some ongoing difficulty in getting basic needs met around food, shelter, personal hygiene, and maintaining personal safety.

Looking to our example, Carl is usually pretty coherent and easy to understand but he does start to talk with less words when he is distressed.

Features Psychosis

- Acute psychosis is when an individual experiences worsening of hallucinations, delusions, and/or disorganized thoughts and behavior.
- Psychosis can also occur in individuals with conditions other than schizophrenia.

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13

[Slide Image Description: This slide shows an image of a sad individual leaning on a table with a description of the features of psychosis.]

Persons with schizophrenia often has what is called a “wax and wane” course of their illness. Though many of the symptoms often are constant – others occur during episodes where the condition worsens – in a phase known as acute psychosis.

The term “acute psychosis” refers to the experience of symptoms we just covered, including hallucinations, delusions, and disorganized thinking. Persons who have psychosis are often in crisis, have suicidal thoughts, may be highly paranoid, may be behaving in a disorganized or erratic way, any may engage in risky, agitated, aggressive, or dangerous behaviors. Persons who are having a psychotic episode are often highly vulnerable, and often lead to a psychiatric hospitalization.

Not all persons with an episode of psychosis have schizophrenia – as psychosis sometimes occurs with other types of psychiatric conditions. A mental health professional typically is needed to evaluate a person with psychosis to determine whether the symptoms are due to schizophrenia or another condition.

The risk of acute psychosis is higher in persons with schizophrenia who are not receiving treatment with an antipsychotic medication.

Looking back to the case study, Carl tends to keep his acute psychosis experiences to himself as they were traumatic experiences for him.

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Features | Lack of Symptom Awareness

- A lack of symptom awareness (aka, anosognosia) is when an individual has an impaired ability to recognize or understand symptoms or illness.
- This lack of awareness can impact their ability to give informed consent and make it difficult to explain the benefits of services.

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14

[Slide Image Description: This slide shows an image of an individual holding their hands on their knees with a description of lack of symptom awareness features.]

Persons with schizophrenia may not seem to recognize or understand their own symptoms or illness. There is actually a word for it that clinicians may use, “anosognosia.”

This lack of awareness makes it more difficult for them to provide informed consent. It can also make it more difficult to provide services and support and to engage them in care and treatment.

Additional Features of Schizophrenia

- Diminished emotional expressions
- Reduced motivation
- Impaired cognition & judgement

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15

[Slide Image Description: This slide shows an image of Carl and a description of Schizophrenia features.]

The features that we've been talking (hallucination, delusion, disorganized thinking/behavior, psychosis) about are what many people think of when they think about schizophrenia, and they often receive a lot of clinical focus as well.

However, persons living with schizophrenia often also have symptoms even when not having an episode of psychosis. Not only do these other features present themselves earlier on (so could be an early indicator), they actually are likely to have a stronger impact on someone's long-term health and well-being.

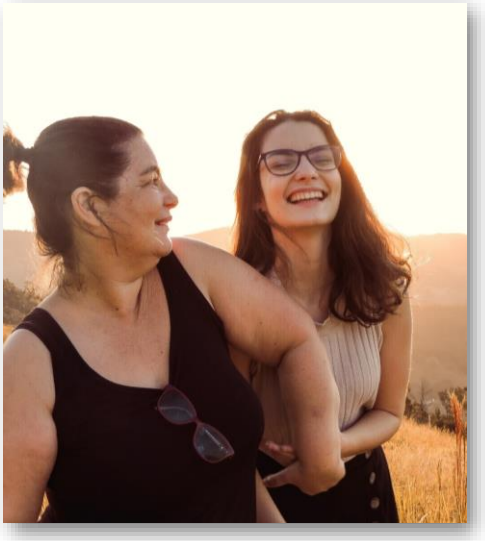
- **Diminished emotional expressions** – individuals living with schizophrenia often have a notable diminished ability to express emotions. This could relate to emotions in the face, ability to make eye contact, intonation of speech, or body movements that usually express emotions while speaking.
- **Reduced motivation** – individuals living with schizophrenia often experience reduced motivation and they can withdraw from activities and relationships they once found pleasurable

- **Impaired cognition & judgement** – this can look like difficulty paying attention, organizing complex tasks, learning new information, and remembering information. The cognitive impairment of schizophrenia refers to the difficulty paying attention, organizing complex tasks, learning new information, and remembering things that persons may experience. It is important to remember that persons with schizophrenia are not "purposefully" being inattentive or distracted – but rather this is a very real symptom of their condition. Related to this is the appearance of impaired judgement and logical thinking. To an outside viewer, this may look like someone who is making a lot of "bad decisions," but this is actually a common feature of the condition. These judgement decisions may make a person more vulnerable to engaging in risky behaviors, including impulsive substance use.

Schizophrenia Presentation

When

- Schizophrenia most typically presents in teenage years or early adulthood.
- Often a diagnosis is made following a first episode of psychosis.
- This may follow a prolonged period of functional impairment or appear suddenly without previous symptoms or signs of illness.



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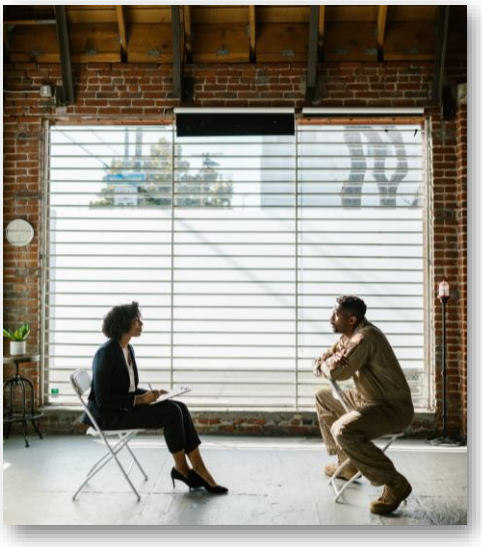
16

[Slide Image Description: This slide shows an image of two individuals holding hands and smiling with a description of how Schizophrenia presents itself.]

- When:
  - Schizophrenia most typically presents in teenage years or early adulthood.
  - Often a diagnosis is made following a first episode of psychosis.
  - Sometimes this follows a prolonged period of functional impairment, but it also sometimes appears suddenly without previous symptoms or signs of illness.



Schizophrenia Diagnosis

How

- Diagnosed by a mental health professional who is trained in the use of the diagnostic criteria
- Schizophrenia diagnosis requires 6 months of signs of illness
- Blood tests and procedures can rule out other conditions, but not specifically diagnose schizophrenia

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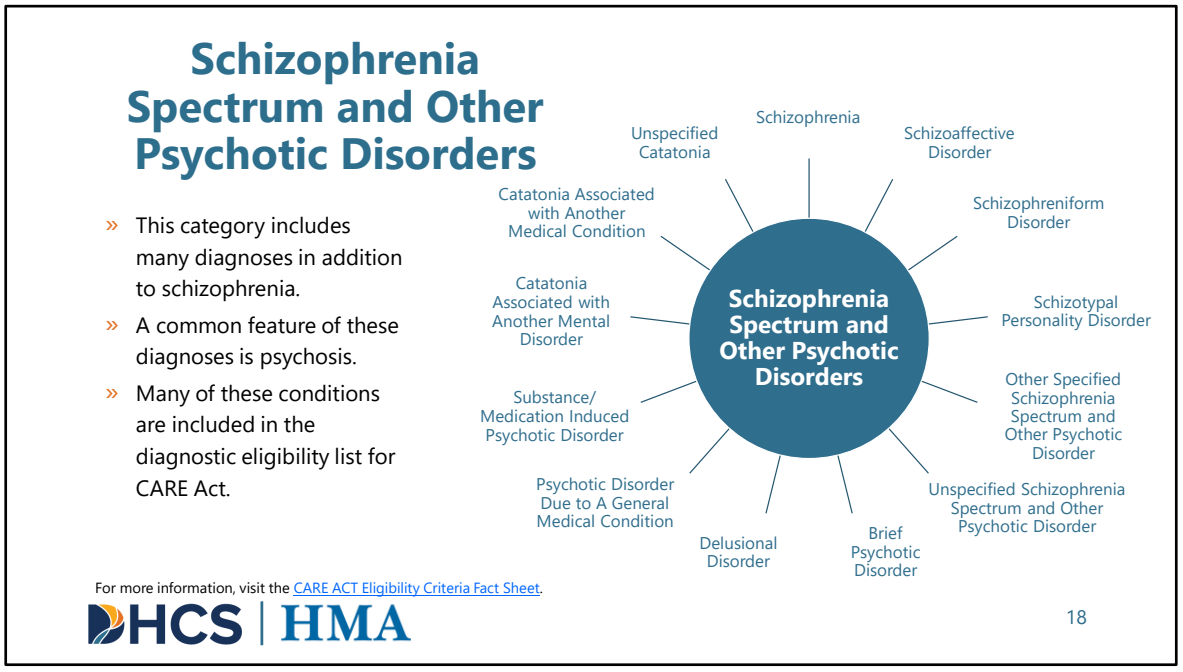
17

[Slide Image Description: This slide shows an image of two individuals sitting in chairs talking with a description of how Schizophrenia is diagnosed.]

How is someone diagnosed with schizophrenia?

- Schizophrenia is diagnosed by a mental health professional who is trained in the use of the diagnostic criteria for mental health condition (contained in a book called the "DSM").
    - The diagnosis is made by collecting information and talking to the person and after all other possible causes of the symptoms have been ruled out.
- A diagnosis of schizophrenia requires at least 6 months of signs of the illness.
- There is no blood test for schizophrenia. Blood tests and other procedures are often ordered to rule out those other conditions that might mimic the symptoms of psychosis (such as delirium due to infection or other medical causes); however, there is no specific lab test or procedure that specifically helps diagnose schizophrenia.



[Slide Image Description: This slide shows a circle with arrows listing Schizophrenia spectrum and other psychotic disorders.]

At this point, we would also like to point out that the category of schizophrenia spectrum disorders and other psychotic disorders actually includes many different diagnoses (often with similar sounding names) in addition to schizophrenia itself. These diagnoses are clumped into one grouping because psychosis is a feature of all of them. Each of these has somewhat different diagnostic criteria. However, there are other conditions where someone might experience psychosis, but still not have one of these conditions.

Also note that most, but not all of these conditions are included in the diagnostic eligibility list for CARE Act.

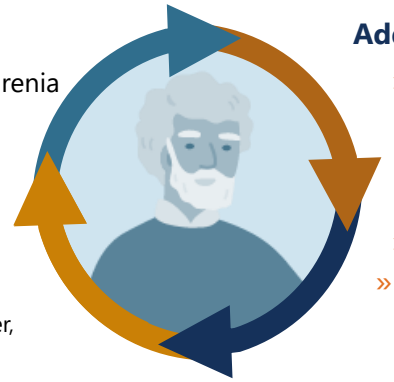
We are talking about diagnosis here, but we should remember that people are more than their diagnosis. And a diagnosis is just one aspect of the individuals in the CARE process.

For more information, visit the CARE ACT Eligibility Criteria Fact Sheet.

Associated Diagnoses & Complications

Multiple Diagnoses

- Persons with schizophrenia are often at risk for developing other psychiatric diagnoses:
  - Depression
  - Mood disorder
  - Post-traumatic stress disorder (PTSD)
  - Substance use disorder, including tobacco



Additional Complications

- Social detachment
- Homelessness
- Incarceration
- Reduced self-care
- Self-harm or suicide
- Risk of poorer health outcomes (including early death)

For more on the association between schizophrenia and other disease states, see article on the links to substance use disorder, depression, and bipolar disorders. For more information on the impacts of trauma (including social isolation, incarceration, and homelessness), see the Trauma-Informed Care training materials on CARE-Act.org.

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19

[Slide Image Description: This slide shows an image of Carl and lists diagnoses that can be associated with Schizophrenia and additional complications that can occur.]

Persons living with schizophrenia are, unfortunately, also at risk for developing additional psychiatric diagnoses. Like the causes of schizophrenia itself, the reason why it is associated with other diagnosis isn't well known. Hypothesis include: genetic components, issues with similar parts of the brain, trauma & toxic stress, and other environmental factors (such as Adverse Childhood Experience).

For example:

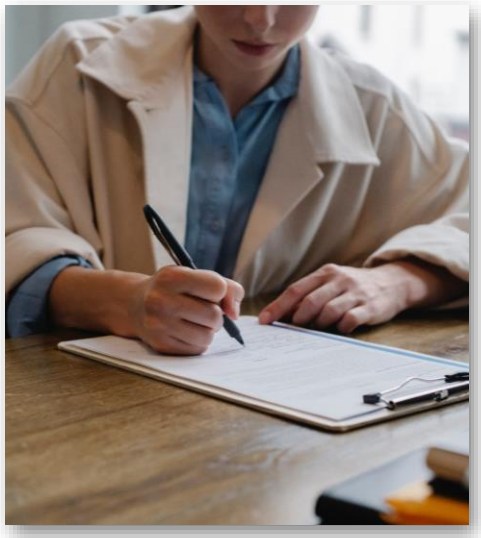
- A person with schizophrenia may experience significant depression, which may lead to a formal diagnosis of depression or other mood disorder.
- They are also at risk for exposure to trauma, and thus are at risk for symptoms of PTSD.
- They are at risk of also developing a substance use disorder, including tobacco use. Individuals are five times more likely to use tobacco, which can help them reduce stress but can also put them at risk for other health impacts.

For more on the association between schizophrenia and other disease states, see

article on the links to substance use disorder, depression, and bipolar disorders.

There are some other complications that persons with schizophrenia may experience as a result of their illness. In addition to treating the symptoms mentioned above, treatment and support of persons with schizophrenia is often focused to help reduce the impact of various complications of the condition that persons can experience.

1. **Social detachment** – Letting go of important family, friends, and other supportive persons in their lives.
2. **Homelessness** – Consider that 30% of the 582,000 unhoused individuals in the U.S. reside in California and at least 25% of those individuals are living with a serious mental illness (National Alliance to End Homelessness)
3. **Incarceration** – Individuals with schizophrenia are also at risk for incarceration and justice-involvement.
4. **Reduced self-care** – They can also begin to neglect basic elements of self-care – such as their diet, personal hygiene, and overall health.
5. **Self-harm or suicide** – Persons with schizophrenia are generally at higher risk of suicide. Any thoughts or comments about suicide should be taken seriously and persons should be referred for professional guidance whenever safety is in questions.
6. **Risk of poorer health outcomes (including early death)** – One final concern is the long-term risk of health conditions in persons with serious mental illnesses including schizophrenia – who often experience dramatically reduced life expectancy due to complications of medical conditions, often treatable, including diabetes, weight gain, high cholesterol, and cardiovascular illness.



Schizophrenia Basics At a Glance

- In summary:
  - Schizophrenia is a serious psychiatric illness with symptoms related to thoughts, emotions, and behaviors.
  - Each experience is unique.
  - Schizophrenia can co-occur with other psychiatric diagnoses and an array of other complications.

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20

[Slide Image Description: This slide shows an image of an individual signing paper on a clipboard and a summary of Schizophrenia basics.]

In summary, schizophrenia is a serious psychiatric illness with symptoms related to thinking, emotions, and behaviors. It's important to recognize that each person's experience is unique – and with appropriate supports and services, each person with schizophrenia has the potential for leading meaningful and fulfilling lives.

Now that we've covered the basics of this condition, part two will review the available treatment and services options for persons with schizophrenia, followed by part three where we'll talk about how to effectively work with, and support, a someone with this condition.

Ideas in Action

- Reflect on your experience with an individual living with schizophrenia.
- You might recall behavior or communication you didn't understand.
- Look beyond the diagnosis and think about what they could have been experiencing.

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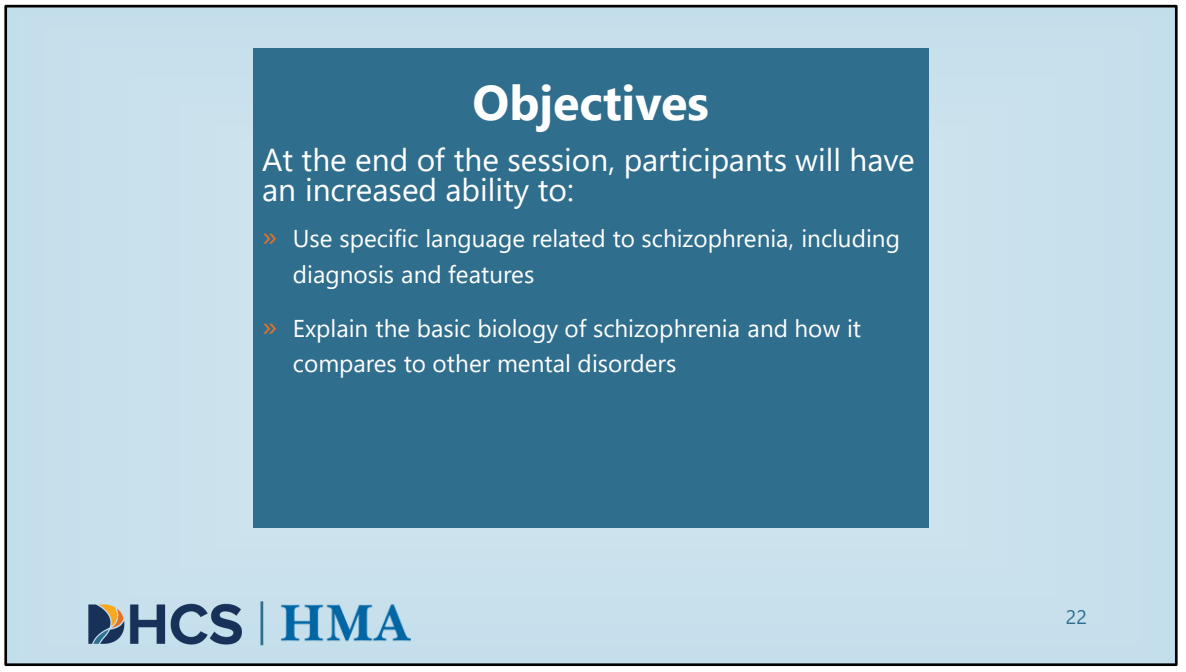
21

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

You've just heard using diagnostic language about folks—about symptoms of schizophrenia. Try to look beyond that to feel how the individual might be experiencing the situation.

Reflect on your experience with an individual living with schizophrenia. You might recall behavior or communication you didn't understand. Try to think about them in the lens of what we discussed today. Try to think about how they might have had difficulty in talking to you.



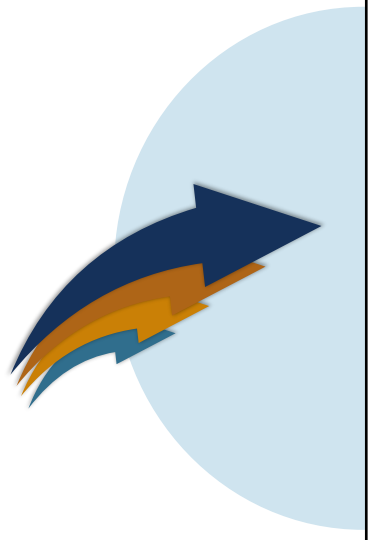
[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Use specific language related to schizophrenia, including diagnosis and features.
- Explain the basic biology of schizophrenia and how it compares to other mental disorders.

Next Steps

- Visit CARE-Act.org for resources (including recordings of past trainings) and to submit questions/TA requests.
- View the other trainings in this series.
  - Part 2: Evidence-based Practices in Schizophrenia Care
  - Part 3: Supporting Persons with Schizophrenia



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23

[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

View the other trainings in this series.

Part 2: Evidence-based Practices in Schizophrenia Care

Part 3: Supporting Persons with Schizophrenia

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org** and our email address is **info@CARE-Act.org.**