

HANDOUT FOR Dr. Kisthardt's webinar: on March 19, 2022 1:00 PM – 4:00 PM

I. Incidence and prevalence of Schizophrenia in The U.S.

A. Affects just over 1 % of the population or 2.6 million adults or 1.5 people for every 10.000 persons.

B. Although it is relatively rare compared to more prevalent mental health diagnoses, it is one of the most disabling diseases.

C. Schizophrenia is a chronic and severe neurological brain disorder with estimated costs in terms of unemployment, crisis care, involvement with the correctional system, etc. to be over 155 billion dollars per year. We the are making strides in understanding that although it has been classified as a "brain disorder" at this time there is no "cure" and that expressions of the illness are affected by many variables, both internal and external. A Patient-Centric (Person-Centered), multidisciplinary approach is encouraged.

II. Multiple and interdependent dimensions of impact for those struggling to cope with Schizophrenia.

A. Social Dimension

1. Difficulty processing social cues.
2. Difficulty tolerating environmental distress
3. Inconsistent personal relationships
4. Impact on role in the family
5. Difficulty securing and sustaining employment

B. Psychological/Cognitive Dimension

1. Negative effect on self -esteem, self-efficacy, confidence, optimism, hopefulness
2. Difficulty concentrating, completing tasks, belief that others are controlling their thoughts
3. Auditory and/or visual hallucinations.

C. Behavioral Dimension

1. Social isolation
2. Interactions with criminal justice system (typically for non-violent behaviors in the community).
3. Blunted affect, difficulty expressing and sharing emotions.
4. At risk for suicide...the lifetime rate for suicide for those living with Schizophrenia is  
Approximately 10%...suicide is the largest contributor to the decreased life expectancy in individuals living with Schizophrenia. (suicide is the 10<sup>th</sup> leading cause of death in the United States.

D. Physical Impact

1. People living with Schizophrenia are disproportionately affected by other forms of chronic medical conditions such as diabetes and high blood pressure.

III. Factors that promote, support, and sustain recovery, social well-being, autonomy, and quality of life for persons living with Schizophrenia.

A. Medication Adherence.

B. Abstain from using other drugs, alcohol, nicotine, etc.

C. Moderate exercise, proper diet, getting enough sleep.

D. Self-Care, meditation, engaging in meaningful leisure time activities

E. Developing relationships that are encouraging, positive, and that recognize the inherent potential for growth and transformation that resides within all people.

F. Integrate Strengths-Based, Person-Centered approach. Important to identify each individual's unique experience, history, accomplishments, hopes, dreams and aspirations, and resources both internally and in the person's social world. Individualized plans for wellness and recovery are guided by the collaborative development of the Person-Centered Strengths Assessment and the Personal Wellness/Recovery plan. Focus is upon affirming the accomplishment of daily short-term goals.

G. Utilize Coordinated Specialty Care (CSC)...multi-disciplinary, multi-modal, multi-theoretical. Person is included and involved in all aspects of the caring intervention.

H. Importance of early intervention... recent longitudinal and modeling analyses have found that clinical deterioration resulting from delayed treatment in people who experience the first experience of psychosis ((FEP) is most rapid after first weeks of onset. This has implications for school social workers and counselors (especially high school and college), military social workers and counselors, and employee assistance social workers and counselors.

I. Whenever possible, and when desired by the person, include the family as key collaborators in all facets of the intervention. Historically, family has often been excluded from "treatment"; even believed by some to have caused Schizophrenia (for example, Schizophrenogenic Mother).

J. Maintain regular and consistent contact utilizing a variety of means... phone, text, face-time, e-mail, etc. The traditional "boundaries" in behavioral health interventions are being transformed as a result of the COVID pandemic.

K. Assist each person in becoming engaged in activities that hold meaning and provide focus and purpose to their life.

IV. Case examples, questions, challenges, discussion, and next steps.