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## Counseling and Care of Adolescents with Psychosis & Schizophrenia

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Abstract

This literature review examines the nature of psychosis and schizophrenia. It begins by establishing a definition and binding link between both disorders, followed by an examination of the affected populations, symptoms, and effects. Secondly, a brief examination of treatment using medication and Cognitive Behavioral Therapy provides a current understanding of the most common practices in treatment. Finally, implications on Vocational Rehabilitation are addressed in terms of current access to Vocational Rehabilitation from this population. Research into characteristics of counseling, therapeutic relationships, and IPS services are addressed to better help vocational rehabilitation service providers meet the needs of this population. Although much research has been done, there is still strong need to perform follow up research on both the clinical aspects of psychosis and schizophrenia as well as treatment and vocational intervention techniques.

*Keywords:* psychosis, schizophrenia, counseling

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Abbreviations and acronyms used in the paper should be defined in the abstract.

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For more information on the creation of an abstract see manuscript Elements, Section 2.04, pg. 25 in the APA Manual.

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## Counseling and Care of Adolescents with Psychosis & Schizophrenia

Mental health is an important part of people's lives and well-being. Having any kind of mental health diagnosis can make everyday living seem difficult or even impossible. The effects of a mental health diagnosis can also be hard on the younger population, ranging from age 15 to 25. It is estimated that nearly 25% of adults in the United States are diagnosed with some form of mental health disorder (Center for Disease Control and Prevention [CDC], 2011). Psychosis is a broad-spectrum mental health disorder estimated to affect two to three percent of the population (Chattopadhyay, Pratihari, & De Sarkar, 2010). A diagnosis of psychosis can weigh heavily on individuals and their families, especially in terms of culture and taboo. There are many symptoms and components of psychosis that can make everyday living and interactions difficult. This review will explore the nature of psychosis. It will also examine some of the most effective counseling style and the effects on outcomes. Finally, counseling styles and outcomes will be related to rehabilitation counseling and the need for early prevention and therapeutic relationships.

The introduction paragraph is always indented. It defines the problem the paper is researching. It also addresses why the problem is important, and how it has been explored in previous research.

For more information see Manuscript Elements, Section 2.05, pg. 27 in the APA Manual.

In-text citations include the authors' names and publication year. If the author is an institution, the institution name should be written out in entirety and then abbreviated in brackets. Subsequent citations from the same institution can then be addressed by the abbreviation.

### Psychosis & Schizophrenia

According to Medline Plus, a service of the U.S. National Library of Medicine and the National Institute of Health, Psychosis is described as state of mind distant from reality that is often characterized by delusions and hallucinations (A.D.A.M. Inc, 2012). The term Psychosis, aside from its use as a broad spectrum diagnosis, is often used synonymously with psychotic symptoms, which are often present in other mental health disorders such as schizophrenia, bipolar disorder, and associated personality disorders. According to Andreasen and Black (2010), schizophrenia has traditionally been described as a type of psychosis, while psychosis itself has yet to be defined. Schizophrenia is defined in DSM-IV (American Psychiatric Association, 2000)

If an article has three to five authors, write out all of the authors' names the first time they appear. Then use the first author's last name followed by "et al." for subsequent citations from the same reference.

Assessment and Diagnostic tools should always be followed by a citation.

A research paper or Literature Review written in APA format should have the presented information divided into headings to separate the information to be easily read and understood. There are five possible level headings to be used in organizing information. See the Organization Section 3.02, pg. 62 in the APA Manual for further clarification.

This is an example of a first level heading.

as a grouping of positive and negative symptoms with a deterioration of social, occupational, and interpersonal skills. Andreasen and Black (2010) described schizophrenia as one of the “most devastating” illnesses. Schizophrenia affects approximately one percent of the American population during their most important growth and development periods, and can encompass a large portion of an affected person’s life.

If the authors are addressed as a part of the sentence, only a date is needed to make a citation. The date is enclosed in parentheses and follows the authors' names.

APA-style papers must always be written in the past tense.

Example of a level 2 subheading. Level 2 subheadings are left justified, boldface, and all the words are capitalized.

**Affected Populations**

Schizophrenia also has a worldwide prevalence affecting about one percent of the global population (Andreasen & Black, 2010). It has been listed as one of the top 10 causes of disability for people ages 15-44 and has been recorded in all ethnic groups especially amongst the Scandinavian countries. Schizophrenia and psychosis can develop at any time, but first psychotic episodes typically occur at around the ages of 21 for men and 27 for women. Andreasen and Black (2010) suggested genetics and environmental factors as causes for schizophrenia and psychosis; however, the answer to why both affect men and women differently and at different ages is still relatively unknown.

**Symptoms & Effects**

Although the cause of schizophrenia can only hypothesized, lots of information is known about the symptoms and affects it has on both men and women. There are essentially three dimensions of psychopathology that are affected by schizophrenia: psychoticism, disorganization, and negative symptoms (Andreasen & Black, 2010). These symptoms and psychotic affects have been shown to problematic both personal and work environments.

**The psychotic dimension.** The psychotic dimension strictly refers to the hallucinations and delusions which confuse boundaries between self and the external world (Andreasen & Black, 2010). Hallucinations always affect one or more of the five senses often taking the form

Example of a level 3 subheading. Level 3 headings are indented, boldface, and end with a period. Only the first word is capitalized.

of voices that may influence the effect of delusions, or thought disturbances which center on contradictory beliefs.

→ **The disorganization dimension.** This dimension affects speech, behavior, and affect.

Illogical thinking, loss of abstract thinking, and poverty of speech are all symptoms of psychosis and schizophrenia. Andreasen and Black (2010) also indicated the presence of disorganized motor skills and social behaviors. Patients have also been recorded with stereotypy or repeated movements and out-of-context mannerisms, which are redundant and non goal oriented. This dimension also describes the decline of social behavior and interaction by withdrawing from others and exhibiting socially inappropriate behaviors.

**The negative dimension.** Andreasen and Black (2010) identified three particular characteristics within this dimension: alogia, affective blunting, and avolition. These three characteristics describe the typical disregard for social norms and conventions. Alogia refers the inability to produce speech and fluent sentences in responses to questions, while affective blunting describes the removal of emotion and expression for daily activities. Avolition is one of the final responses to this dimension in which patients lose the ability and desire to set and achieve goals. Avolition is sometimes considered a side effect of anhedonia, or the inability to experience pleasure (Andreasen & Black, 2010).

### **Treatment & Counseling**

Medication has been the mainstream method of treatment for patients with schizophrenia and psychotic symptoms (Andreasen & Black, 2010). The use of antipsychotic drugs such as (a) clozapine, (b) risperidone, (c) olanzapine, and (d) quetiapine are some of the most common in treating those considered high-risk cases. It has been suggested that a strict maintenance program

be issued to keep medications regular. The research has also indicated that the use of medication may be more effective when combined with counseling.

Andreasen and Black (2010) have suggested the use of Cognitive Therapy to counter the abnormal symptoms of delusions and hallucinations. A study conducted by Addington and Mancuso (2009) examined the effects and positive outcomes of medication in conjunction with Cognitive Behavioral Therapy (CBT). Following two patients over a period of 1 year, results indicated an overall decrease in cognitive impediments, thought interference, and disturbed reflective speech. Implications indicated the need for longitudinal studies to better assess long-term positive outcomes. Other psychosocial interventions such as family interventions, social skills training, self-help organizations, and rehabilitation have been listed as tools for increased positive outcomes (Andreasen & Black, 2010; Breitborde et al., 2011).

### **Vocational Rehabilitation**

One of the most important outcomes for patients with schizophrenia or psychotic symptoms is vocational rehabilitation. It has been estimated that the unemployment rate for persons with disabilities is between 75-85% (as cited in Salzer, Baron, Brusilovskiy, Lawer, & Mandell, 2011). Andreasen and Black (2010) reported that the training and support from rehabilitation services and counseling can help integrate these persons back into the community. They suggested that services like job coaching, sheltered workshops, and repetitive work

environments can be beneficial to the treatment and counseling process. The literature has also indicated the importance of early intervention from both professionals in the medical profession and vocational rehabilitation (VR) (Addington & Mancuso, 2009; Chovil, 2005; Killackey, Jackson, & McGorry, 2008; Woodside, Krupa, & Pocock, 2007). Killackey et al. (2008) even supported the use of vocational rehabilitation in conjunction with mental health services. Results

When citing more than one research study in an in-text citation, the articles should be separately identified through the use of semi-colons.

from their study show that vocational interventions produce positive outcomes. It is unfortunate however, that rehabilitation services are often less accessible to this population.

### **Access to Rehabilitation Services**

A study conducted by Salzer et al. (2011) sought to examine the extent of access persons with psychosis and schizophrenia have to VR services. Their results found that most persons with psychiatric disabilities were less likely to receive full access to VR services. It was also found that this same population had less access to competitive employment than other disability populations. In conclusion, researchers noted the importance for further research to better understand the factors affecting employment within this population. It was also suggested that VR personnel receive additional training to ensure that they are adequately prepared to meet the needs of those with psychiatric disorders.

**Vocational rehabilitation.** In terms of promoting gainful employment, research done by Brown (2001) identified eight common themes that consistently described the experience of psychosis in regard to lifetime management and occupational performance. They measured subjective responses from five individuals (3 female, 2 male) in terms of three generalized time frames: before, during, and after. The results indicated a further need adaptive and innovative vocational rehabilitation that involved the (a) use of developmental framework, (b) support in productive roles, and (c) thoughtful and client centered counseling. It was suggested that the creation of counseling relationships can have a significant impact on vocational outcomes.

**Client-counselor relationships.** Catty et al. (2011) examined the nature of therapeutic relationships between clients with psychosis and schizophrenia, and rehabilitation service workers. They found that a client's relationship with clinical keyworkers was significant in influencing therapeutic relationships with vocational workers and VR counselors. They also

found several key demographics which significantly increased the client and vocational worker relationship: no past work history, low percentage of needs met at onset, and receiving Individual Placement and Support (IPS) services. It was noted that client based ratings were significantly higher than ratings given by the professionals in the field. Although ratings by clients were significantly higher in terms of score, overall there was no significance in the therapeutic relationship between client and vocational service providers. Researchers theorized that this was partly caused by the fact that a majority of the therapeutic relationship is done with mental health providers and clinicians, which are separate from the vocational services. There was a high correlation between client's highly rated clinical keyworker relationships and the same client's high rating of vocational workers. This study shows the need for clinical and mental health providers to establish therapeutic relationships in order to create therapeutic relationships, which can be carried out into other settings by the client.

**IPS services.** Killackey et al. (2008) were intrigued by the low unemployment rates of persons with psychosis and schizophrenia and examined the role of IPS services in addition to standard medical treatments and vocational assistance programs. Researchers defined IPS as a strictly structured employment program, consisting of six principles that are centered upon the outcome of competitive employment. It was predicted that IPS and standard treatment would yield positive symptom outcomes and increase job placement and longevity. The results supported their hypothesis, as IPS and standard treatment resulted in a higher number of job placements (17/20), a significant increase in hours worked, and a significant increase in job placement longevity (five weeks or more). Participants in this experimental group were also able to reduce their reliance on welfare. Researchers stress the need for the creation of IPS services in



more vocational rehabilitation settings as well as early intervention to improve this population's chances for long-term employment.

### **Discussion & Implications**

In reviewing the literature above, the complexities and complications of psychosis and schizophrenia are clearly visible. The effects of these disorders not only affect the individual, but others around them. Since nearly 78-85% of the of the population experiencing psychiatric disorders do not receive the needed services from agencies like Vocational Rehabilitation, there are strong implications in the need for better training of vocational rehabilitation counselors and workers in understanding the needs of this population. Early diagnosis and intervention have been significantly important in the positive and successful outcome of psychotic symptoms and employment. However, due to the subjective and varying nature of psychosis and schizophrenia, there is further need for research into their exact causes and characteristics which can better prepare rehabilitation professionals to meet their needs. Identifying client's needs, creating therapeutic relationships, and providing structured program IPS are important steps that need to be taken in order to improve the symptoms and employment opportunities for the population affected by psychosis and schizophrenia.

The word "References" should always be centered, but not bolded or italicized. The reference list should always be started on its own page. All reference articles should be entered in alphabetical order, double spaced, and with a hanging indent.

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In J. Rutledge, & L. R. Habbs (Eds.), *Introductory Textbook of Psychiatry*. (5th ed., pp. 107-141). Washington DC: American Psychiatric Publishing, Incorporated.

The title of the article should only have the first letter of the first word and proper nouns are capitalized.

If there are 8 or more authors, only list the first six authors, followed by three periods and the information for the last author.

Breitborde, N. K., Moreno, F. A., Mai-Dixon, N., Peterson, R., Durst, L., Bernstein, B., ...

McFarlane, W. R. (2011). Multifamily group psychoeducation and cognitive remediation for first-episode psychosis: A randomized controlled trial. *BMC Psychiatry, 11*, 1-7.

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If the title of an article has a colon, only the first letter of the first word or proper nouns after the colon should be capitalized.

Catty, J., White, S., Koletsi, M., Becker, T., Fioritti, A., Kalkan, R., ... Burns, T. (2011).

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Periodicals (journals, newsletters, & magazines) should have the title listed in full. They should be in upper and lowercase lettering and italicized.

Center for Disease Control and Prevention. (2011). CDC mental illness surveillance. *Centers for*

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