The Delicate Art of Uncovering Psychotic Process

Speaker: Shawn Christopher Shea, MD

About the Speaker
Shawn Christopher Shea, MD
Director, Training Institute for Suicide Assessment and Clinical Interviewing (TISA)
www.suicideassessment.com
The 4 A’s of Eugen Bleuler

1) Ambivalence
2) Autism
3) Affect (abnormal)
4) Associations (loosening)

Schneiderian Symptoms of Schizophrenia

1) Somatic passivity
2) Thought withdrawal
3) Thought insertion
4) Made feelings
5) Made impulses
6) Made volitional acts
7) Delusional perception

8) Audible thoughts
9) Voices arguing
10) Voices commenting on patient’s behaviors or thoughts
11) Thought broadcasting
Life Cycle of a Delusion

Delusional Mood $\rightarrow$ Delusional Perception $\rightarrow$ Concrete Delusion

(J. Lopez-Ibor)

Possible Indicators of Psychotic Process

A) Soft Signs
- Suggestive of Psychosis
- Can be caused by a variety of non-psychotic processes

B) Hard Signs
- Conclusive for Psychosis

Hard Signs of Psychosis
- Delusions
- Hallucinations
- Moderate or severe formal thought disorder
- Gross disorientation
- Bizarre mannerisms and body language
SOFT SIGNS OF PSYCHOSIS
1) Unusually intense affect
2) Angry or agitated affect
3) Glimpses of inappropriate affect
4) Guardedness or suspiciousness
5) Vagueness
6) Evidence of a very mild formal thought disorder
7) Pre-occupation with an incident from distant past

(Continued)

SOFT SIGNS OF PSYCHOSIS
8) Expectation of familiarity from interviewer
9) Inappropriate eye contact
10) Long latency before responding or thought blocking
Uncovering Dangerous Psychotic Process

1) Command hallucinations
2) Alien control
3) Hyper-religious ideation
   a) Lookout for the Bible verse Matthew 5:29
      "if thine eye offend thee pluck it out, if thy hand
      offend thee cut it off."

Differential Diagnosis of Psychosis

1) Schizophrenia
2) Schizoaffective Disorder
3) Bipolar Disorder
4) Delusional Disorder
5) Depression
6) Drugs
7) Dementia

(Continued)

8) Delirium
9) Other Organic Disorders (Seizures, hyperthyroidism, etc.)
10) Personality Disorders (Mini-psychotic episodes)
    a) Schizotypal P.D.
    b) Paranoid P.D.
    c) Borderline P.D.
    d) Histrionic P.D.
    e) Narcissistic P.D.
11) Miscellaneous Disorders
    OCD, PTSD, Anorexia Nervosa, etc.
1) Psychotic Process (General Background)
Definition: A breakdown in the integrated functioning of the mind, to the degree, that the person experiences reality in a significantly different way than those around them and of the same culture. The disruption usually occurs, in the person's perceptions, cognitive functioning, logic, ability to perceive what is real from what is not real, and/or ability to produce logically connected speech.

a) Multiple Causes
   i) Psychosis is not a diagnosis. It is merely a description of a specific pathologic mind state that can be seen in many different diagnoses.
      
   ii) Typical DSM-5 diagnosis where psychotic process is seen:
       (1) Schizophrenia
       (2) Schizoaffective Disorder
       (3) Bipolar Disorder
       (4) Delusional Disorder
       (5) Major Depressive Disorder
       (6) Drug Induced Psychosis
       (7) Dementia
       (8) Delirium
       (9) Other Organic Causes (e.g. tumors, endocrine disorders, epilepsy).
       (10) Some Personality Disorders (so-called "micropsychotic Episodes", usually occurring during times of stress and/or substance abuse)
           (a) Most commonly seen in the following personality Disorder
               (i) Schizotypal Personality Disorder
               (ii) Paranoid Personality Disorder
               (iii) Borderline Personality Disorder

           (b) More rarely found in the following personality disorders when decompensating:
               (i) Narcissistic Personality Disorder
               (ii) Histrionic Personality Disorder
(11) Occasionally seen in Miscellaneous Other Diagnoses:
(a) Obsessive-Compulsive Disorder, Posttraumatic
    Stress Disorder, Body Dysmorphic Disorder,
    and Anorexia Nervosa

2) Historical Background

   a) Eugen Bleuler and “The 4 A’s of Schizophrenia”
      i) Ambivalence
      ii) Autism
      iii) Affect
      iv) Associations of a loose nature

   b) Kurt Schneider (European Phenomenologist) - First Rank Symptoms
      i) Somatic passivity experiences
      ii) Thought-withdrawal
      iii) Thought insertion
      iv) Made feelings
      v) Made impulses
      vi) Made volitional acts
      vii) Delusional perception
      viii) Audible thoughts
      ix) Voices arguing
      x) Voices commenting upon one’s actions
      xi) Thought broadcasting

3) Psychotic Phenomenology
   a) Work of Lopez-Ibor (Life Cycle of a Delusion)
      i) Delusional Mood
      ii) Delusional Perception
      iii) Concrete Delusional Ideas
   b) Hard and Soft Signs of Psychosis
      i) See Figure 7 from the book

4) Interview Tips and Strategies
   a) Two General Interview Approaches
      i) Purposefully explore entire psychosis region in one interview
         section.
      ii) Explore psychosis in bits as patient spontaneously raises it

   b) Examples of specific questions for gracefully raising the topic of
      psychosis
i) "When you are feeling really bad, do your thoughts ever get so intense that they sound almost like voices to you?"

ii) "Have you ever had experiences or thoughts that seemed odd to you or perhaps even frightened you because they seemed so strange?"

iii) "Do you sometimes have thoughts or feelings that seem almost like you are having nightmares while you are awake?"

iv) "Do you sometimes feel like you have special talents that others do not have like the ability to read minds or send your thoughts into other people’s minds?"

c) Uncovering Dangerous Psychotic Process

i) Three Dangerous Psychotic Processes
   1) Command Hallucinations
   2) Alien Control
   3) Hyper-religious Ideation
      a) Look out for the Bible verse Matthew 5:29
         "If thine eye offend thee pluck it out, if thy hand offend thee cut it off"

d) Uncovering Paranoid Process

i) Dave Robinson Techniques
   1) "Do you ever feel a need to protect yourself from your husband by avoiding him or keeping an eye on what he is doing?"
   2) "Have you ever felt a need to take actions against your husband to protect yourself by actually hurting him?"

ii) Phil Resnick
   1) "Confrontation with a Paranoid Persecutor"
      Example: "Mr. James you told me that you were fairly convinced that the postman had decided to hurt you, maybe even kill you. What would you do if the postman was coming down the sidewalk towards you and you suddenly saw him reach inside his coat for what you thought might be a gun?"
Figure 7
Evolution of a psychosis.
LIFE CYCLE OF A DELUSION

delusional mood \rightarrow delusional perception \rightarrow concrete delusion

POSSIBLE INDICATORS OF PSYCHOTIC PROCESS

A) SOFT SIGNS

Suggestive of Psychosis

Can be caused by a variety of non-psychotic processes

B) HARD SIGNS

Conclusive for Psychosis

HARD AND SOFT SIGNS OF PSYCHOSIS

SOFT SIGNS

unusually intense affect
angry or agitated affect
glimpses of inappropriate affect
guardedness or suspiciousness
vagueness
evidence of a very mild formal thought disorder
pre-occupation with an incident from distant past
expectation of familiarity from interviewer
inappropriate eye contact
long latency before responding or thought blocking

HARD SIGNS

delusions
hallucinations
moderate or severe formal thought disorder
gross disorientation
bizarre mannerisms and body language

Figure 6

Life cycle of a psychotic process.