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Schizophrenia Diagnosis: The Importance of a Collaborative Approach

Ashley Baker:

Welcome to *NeuroFrontiers* on ReachMD. I'm Psychiatric Nurse Practitioner Ashley Baker, and joining me today is Dr. Morris Goldman and Dara Sanandaji. Dr. Goldman is an Associate Professor of Psychiatry and Behavioral Sciences at Northwestern Feinberg School of Medicine.

Dr. Goldman, great to have you with us today.

Dr. Goldman:

Great to be here, and great to see you again.

Ashley Baker:

You too. And Dara is a mental health advocate and peer support supervisor at the Recovery from Early Psychosis Program at Northwestern.

Dara, also glad to have you with us.

Dara Sanandaji:

Thank you for having me. It's a pleasure being here.

Ashley Baker:

Today, we'll be discussing schizophrenia diagnosis and diving into clinical interventions for the patient and their family. Dr. Goldman, if you wouldn't mind starting us off today, what are the common fears you hear from patients and their families when they're given a schizophrenia diagnosis?

Dr. Goldman:

So that's a good question because we actually don't talk a whole lot about the diagnosis. We talk about what we need to do to get the person back towards having a sense of agency that they can achieve the goals that they want in life, and because we work with the first-episode program, most of the people have very unformed goals so that we tell them we're there to help them work through both whatever the symptoms remaining from their first break are and restoring a sense of agency, and then figuring out what they want. And we're there to help them explore what they need to do to follow that path.

Ashley Baker:

With the first-episode population, and during some of your first discussions with the patients themselves separate from their parents or families, what would you say is most commonly asked or brought up as concerns or fears about what's going on with them? What does the patient say?

Dr. Goldman:

It varies tremendously. A lot of times, which is normal for the age group we deal with, there is a real externalization of what's going on. I mean, that's part of psychosis. Dara's there supervising as a peer support staff because, oftentimes the person is more willing to interact or listen to somebody who has successfully been able to regain some degree of autonomy and agency in their own life. So the first part is I think dealing with the hopelessness and loss of agency and loss of friends that often accompany a first episode of psychosis and those are often what people want. They want a job. They want friends. They want to be independent and to acknowledge that and say that's exactly what they should be thinking about.

Ashley Baker:

So people, especially young people, they don't necessarily want to be looked at as different, and having somebody that is helping to support them that has gone through something similar seems really key. So, Dara, can you give us some background on your work as a peer supervisor and your work within the Recovery from Early Psychosis Program at Northwestern?

Dara Sanandaji:

Yeah, of course. I met Dr. Goldman quite a while ago now. It's been almost 15 years. And as I was able to regain stability and get back on my feet and begin to understand how to manage and gain mastery over a lot of this stuff, Dr. Goldman said, "Hey, why don't you come in and see if you can help out at the clinic?" And we set up a peer group so we could have folks have a creative outlet to connect with each other and to see how we can move forward gracefully through a lot of suffering.

And just more recently, Dr. Goldman brought me on as an outside consultant for the REPP clinic to really help build out the peer space. The open-minded, forward-looking, not the cookie cutter approach but something that's really dedicated and driven to healing and to folks really getting better and becoming better than they ever have been or could have imagined even. So at REPP, we have several different groups that we've organized, some have to do with creativity and storytelling and narrative writing, and some have to do with peer empowerment, some are chess and games, and we're looking to start another one for a music and media group because a lot of this we found have major creative underpinnings to them.

So that's the background of how we came together to really help folks move forward and to be who they want to be.

Ashley Baker:

When a patient enters your clinic, is in treatment for the first time, maybe meets with you for the first time, Dara, how long before you see patients really engage and open up and connect to other people going through similar things? Is there a waiting period where we're really building trust and rapport, or is it quicker than that?

Dara Sanandaji:

Yeah, that's a great question. From my experience, a lot of folks don't want to necessarily divulge. A lot of this is very personal, and I think a lot of folks feel a threat from the outside, whether it's real or perceived. So yeah, there is a lag time there, but there are techniques and tools that you can use in order to gain that trust and to allow folks to open up in a safe space. You have to be sincere and genuine about the fact that you really are trying to provide some assistance of some sort or another to this individual. So what I try to do is just explain my background and what I've been through and talk about my experience and how things have developed for me. And once I start talking about specific types of experiences, you can see the light bulb go off. And so a lot of these folks then say, "Ahh, wait. You've actually experienced that too." And so it's a profound process, and it does take time but maybe not as long as you might think depending on the person.

Ashley Baker:

You mentioned something interesting, tools and techniques that we can use to connect. From your vantage point, if I'm a family member, a parent, a caregiver of somebody going through psychosis and psychosis treatment, how can I best support my family member or my child?

Dara Sanandaji:

Oh, that's a wonderful question. I love that because it's so hard to identify with somebody. And a lot of times it's frustrating. You want someone to snap out of it, so to speak. And so from my perspective, a lot of what I've seen is sometimes in order to connect and identify with a family member or

someone close to you, it's important to give them space and to allow them to express themselves in a way that may make you feel uncomfortable, but at the same time, as long as there isn't an immediate threat or an immediate danger, as long as they feel that they're not stifled, I think that's the beginning of the recovery process, the beginning of a way to connect and open up.

But I think a lot of people shut down instantaneously when they hear something condescending or something stigmatic or where they're looked at as the other or different. So if we want to treat somebody with empathy and compassion to be able to allow them the kindness to begin that recovery process, I think a lot of it has to do with allowing them some space and some ability to express themselves. So I think that has a lot to do with connecting with families and loved ones.

Ashley Baker:

For those just tuning in, you're listening to *NeuroFrontiers* on ReachMD. I'm Psychiatric Nurse Practitioner Ashley Baker, and I'm speaking with Dr. Morris Goldman and Peer Support Supervisor Dara Sanandaji about counseling patients with schizophrenia and their family.

So back to you, Dr. Goldman. So a patient enters into your first-episode clinic, they're given really a comprehensive treatment experience with different members of the team, meds, and peer support. As they navigate through this process, how can a patient identify when they're starting to experience an increase or a worsening of symptoms and things are not going well? How can you as the provider really help them to have insight and so they can detect early that something's not working?

Dr. Goldman:

So one of the things we've done is we have modified what's called individual resiliency training, which was part of the NIMH RAISE study that demonstrated in a randomized controlled trial the efficacy of the multidisciplinary interventions that have been grouped under the term coordinated specialty care, and we've modified that rather than individual to make it a group experience, and also have included peers but largely stuck with their curriculum in terms of different issues regarding relapses, medications, of forming friendships, dealing with setbacks. So it's built into a certain extent into the program. We also in the past have used Wellness Recovery Assessment Plans, WRAP training, which is also peer led more directly around recognizing prodromal symptoms and having a set of interventions that the patients themselves can initiate. Ultimately, with patients, I try to get them to the point where they can take medication on a PRN basis before they even contact us, since they are ultimately responsible for their own mental health, that they can use their own judgment to figure out what intervention is needed right now, and then contact their provider to discuss what can be done to get them back on the track they want to be on as quickly as possible.

Ashley Baker:

What's interesting to me today after meeting with you both is that we think about psychosis, schizophrenia; we think medicine, so we think science; how do we treat? How do we fix what's going on from a clinical and medical science approach? But what you've really shown and shed a spotlight on today is treating the person like a human being and offering a variety of treatment options and really making it more collaborative is so impressive and something that we don't necessarily think about as we navigate through nursing school or medical school. And so for you two to really emphasize the importance of that has been really awesome today. As we near the end of our discussion, I want to thank my guests, Dr. Goldman and Dara, for sharing their experiences and insights on schizophrenia diagnosis with us today. Dr. Morris Goldman and Dara, it's been a pleasure.

Dr. Goldman:

Thank you, guys. Thanks for the opportunity to talk about our work.

Dara Sanandaji:

Thank you. It's been an honor to be here. Thank you so much.

Ashley Baker:

For ReachMD, I'm Ashley Baker. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.