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Advances in Psychotherapy –  
Evidence-Based Practice

# The Schizophrenia Spectrum

2nd edition



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# The Schizophrenia Spectrum

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# The Schizophrenia Spectrum

2nd edition

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From W. D. Spaulding, S. M. Silverstein, & A. A. Menditto: *The Schizophrenia Spectrum* (2nd ed.) (ISBN 9781616765040) © 2017 Hogrefe Publishing



# Preface to the Second Edition

The intent of this book is to provide an overview of current conceptualizations of, and treatments for, schizophrenia spectrum disorders. There is an emphasis on psychological treatments. These interventions are usually neglected in graduate and medical training about schizophrenia, even though the evidence for their effectiveness is comparable to that of pharmacologic treatment, with the combination of the two typically producing the best treatment outcomes. However, schizophrenia spectrum disorders are complex conditions with expressions at all levels of a person's biological, psychological, and social functioning. Modern treatment incorporates, integrates, and coordinates modalities that operate at all those levels. Pharmacological treatment addresses the neurophysiological level of the disorders and some of the direct cognitive and behavioral consequences, but this is just one part of the picture. We hope to provide the reader a reasonably complete overall picture of assessment, treatment, and rehabilitation.

Since the first edition, the major developments that required the most attention for the second are:

1. Publication of the fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). The fifth edition introduces the *schizophrenia spectrum* and *neurodevelopmental disorders*, reflecting advances in our scientific understanding of mental illness in general and schizophrenia in particular;
2. Evolution of the idea of *recovery* as central to treatment and rehabilitation, and to the subjective experience of the person affected;
3. Advances in the psychopathology of schizophrenia and other disorders that transform our basic understanding of mental illness as non-categorical, multidimensional processes with indistinct boundaries and multiple interacting etiological factors that are inseparable from the process of human development;
4. A proliferation of psychological and psychosocial modalities for treatment and rehabilitation and their subsequent consolidation into the integrated multimodal arrays and organizational models that characterize modern psychiatric rehabilitation;
5. The continuing failure to disseminate, implement, and effectively regulate modern treatment and rehabilitation methods in our mental health service systems, despite overwhelming evidence for improving outcomes.

We hope this book is useful to a wide range of people, from students first learning about the schizophrenia spectrum to advanced clinicians and researchers looking for a compact review of current conceptualizations and clinical tools. The schizophrenia spectrum represents one of the greatest scientific challenges of our time and also one of the most disenfranchised, undertreated populations in our society. Our hope is that this book will inspire all readers to address the social, political, and humanitarian issues as well as the scientific ones.

## Acknowledgments

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# Description

## 1.1 Terminology

### 1.1.1 Schizophrenia as a Mental Health Policy Construct

*Schizophrenia* refers to a type of severe and disabling mental illness that affects between .5% and 1.5% of the population worldwide, with a current global prevalence calculated at over 20 million people. It is typically first recognized in late adolescence or early adulthood, and is often associated with lifelong disability, especially when appropriate services are not provided. It has been estimated that as many as ten percent of all disabled persons in the US are diagnosed with schizophrenia.

**Schizophrenia affects over 20 million people around the world**

Schizophrenia is a specific psychiatric diagnosis, but for the purposes of social policy and healthcare administration it is often grouped together with schizoaffective disorder, bipolar disorder, severe chronic depression, and sometimes other conditions. Such grouping is convenient because treatment and service needs are similar within the group. The diagnoses usually grouped with schizophrenia have in common an onset in late adolescence or adulthood, an *episodic course* (periods of better and poorer functioning), a high risk of severe disability, and in most cases (traditionally) a lifelong need for treatment and support services.

#### Psychiatric Disability

*Psychiatric disability* resulting from schizophrenia extends to multiple domains of personal and social functioning. People with the diagnosis are vulnerable to institutionalization, to being found legally incompetent and requiring a guardian, and to needing assisted living situations. As a group they have very high unemployment and poor quality of life. The economic costs of schizophrenia, including direct treatment costs and lost productivity, are enormous (Insel, 2008), among the highest of all health conditions, ranking with cancer and heart disease. The diagnosis accounts for 75% of all mental health expenditures and approximately 40% of all Medicaid reimbursements, although the greatest part of the economic burden comes not from treatment but from the *disability*, i.e., from the lost productivity of those affected (Insel, 2008).

#### Serious Mental Illness

The term *serious mental illness* (SMI) has been in use for several decades, especially in federal mental health policy, to refer to schizophrenia and the other diagnoses with which it is usually grouped. However, in recent years the