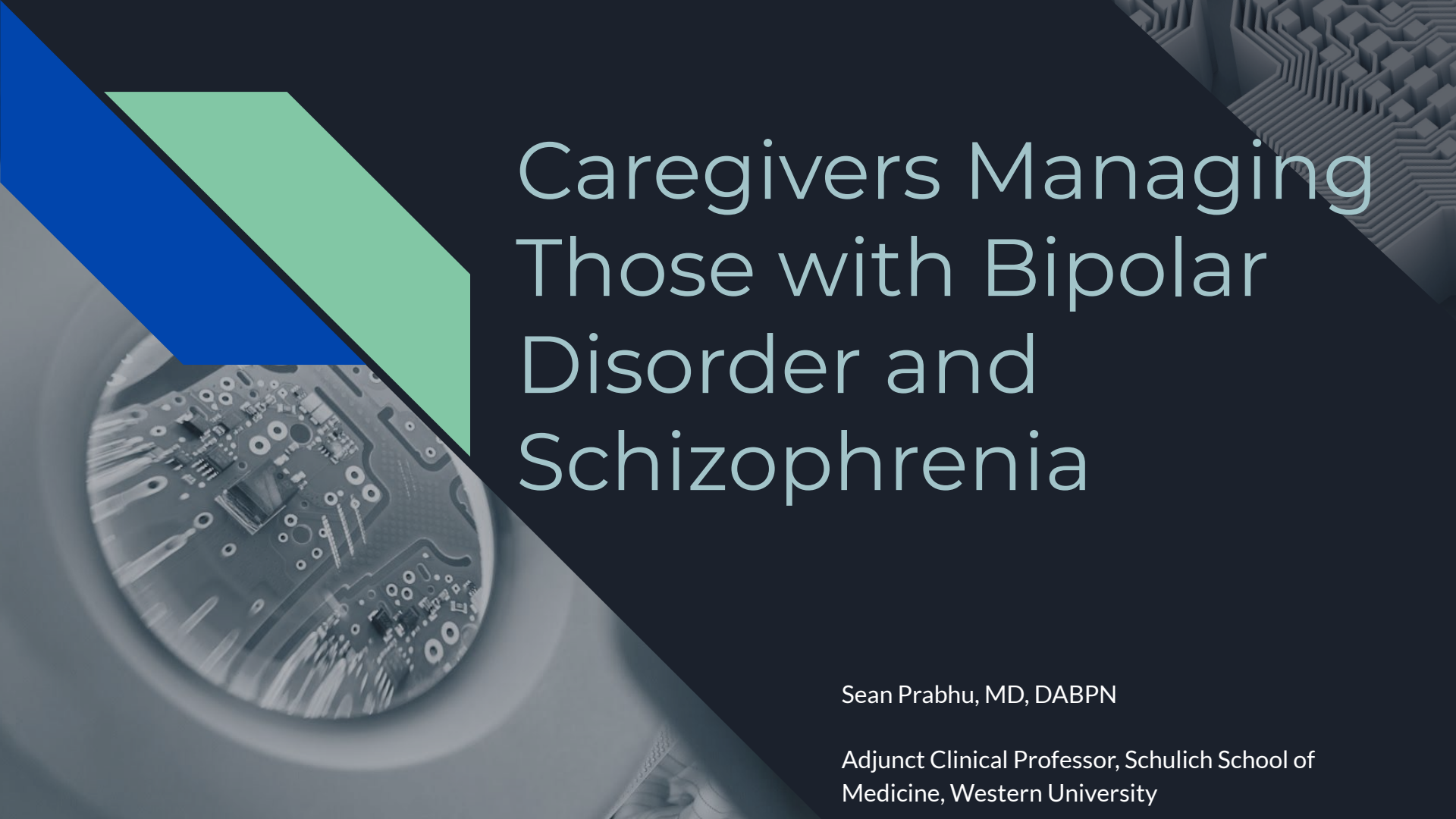

Caregivers Managing Those with Bipolar Disorder and Schizophrenia

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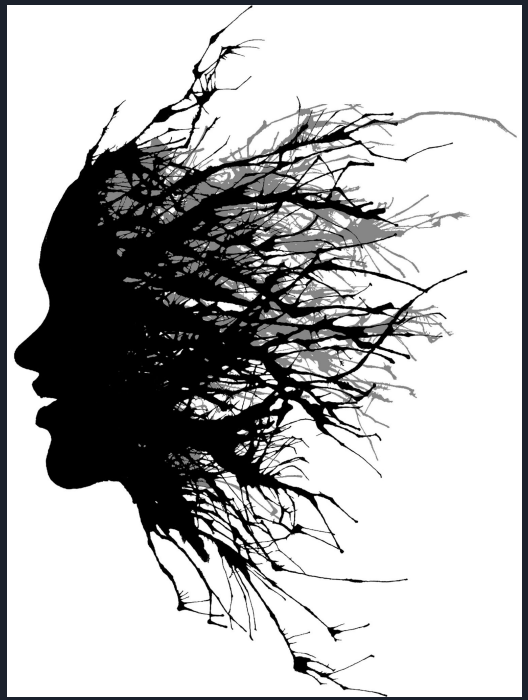
Objectives



- Understanding both Bipolar Disorder and Schizophrenia
- Typical Symptoms and Warning Signs
- How to provide support and increase relapse prevention
- Crisis management and de-escalation

Neuroinflammation and Mental Illness

Neurodegenerative Process

-associated with episodes of

Major Depression

Anxiety

Hypomania/Mania

Psychosis

Bipolar Disorder

- “Two Poles”: Depression and hypomania/mania
- Chronic / Lifelong
- Type I and Type II

  Type I: more severe and can include psychosis

  Type II: less severe

- Depressive Episodes
- Hypomanic/Manic Episodes
- Age of onset (late teens to early 30s)

Bipolar Disorder

Depression:

-Sleep disturbance

-Loss of interest in normally enjoyed

-Guilt / hopelessness

-Energy depleted

-Concentration impaired

-Appetite changes

-Psychomotor agitation/retardation

-Suicidal

Mania:

-Distractibility

-Irresponsible (risk taking/reckless)

-Grandiosity

-Flight of ideas / Tangential

-Activity increased / Euphoric

-Sleep deficit

-Talkative (pressured/hyperverbal)

Bipolar Disorder

Type I:

≥ 3 symptoms

≥ 7 days continuously

Most of the day

Impairs function, requires hospitalization or includes psychotic symptoms

Type II:

≥ 3 symptoms

≥ 4 days continuously

Most of the day

Change in function

Does NOT impair function

Bipolar Disorder

Warning Signs:

-less need for sleep with normal or excess energy

-difficult to converse with

-frequent arguments or more irritable

-increased risk-taking

-leaving tasks unfinished

-preoccupied with grand ideas

Schizophrenia

- Delusions
- Hallucinations
- Disorganized Speech
- Disorganized Behaviour / Catatonia
- Negative Symptoms
- Age of onset (late teens to early 30s)

Schizophrenia

<u>Warning Signs:</u>

-bizarre speech or behavior

-responding to auditory/visual hallucinations

-less engaged / expressive

Support and Relapse Prevention

-address possible reasons for non-adherence

- -medication side effects
- -poor therapeutic relationship with provider
- -cost / transportation
- -chasing euphoria

-contract for times of concern

- -consent to speak with provider
- -plan of action during crisis

-acknowledge their experience

-express specific concerns

-avoid arguments / coercion

-be aware of crisis centres/ER locations

-Justice of the Peace / Form 2

-9-1-1

PERSONALITY DISORDER

- ‘An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment (DSM 5, 2013)’
- Disorder vs trait
- Borderline and Narcissistic personality organizations are most commonly associated with ‘difficult patients’

Borderline PD (DSM 5)

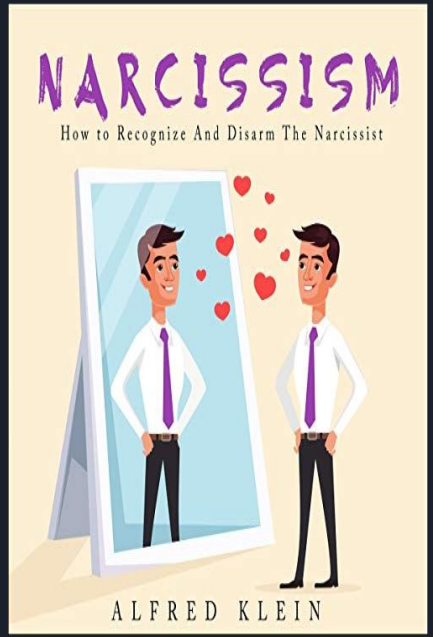
- Border of neurosis and psychosis
- Pervasive pattern of instability of relationships, self-image and affects.
- Marked impulsivity, beginning by early adulthood in variety of contexts

Borderline PD (DSM 5)

- ≥5 of:
  - 1. Frantic efforts to avoid real or imagined abandonment
  - 2. Pattern of unstable/intense relationships with alternating between extremes of idealization and devaluation
  - 3. Identity disturbance
  - 4. Impulsivity in at least 2 areas that are potentially self-damaging (spending, sex, substance use, reckless driving, binge eating)
  - 5. Recurrent suicidal behaviors/gestures/threats or self-mutilation
  - 6. Affective/Emotional instability
  - 7. Chronic feelings of emptiness
  - 8. Inappropriate, intense anger or difficulty controlling anger
  - 9. Transient, stress-related paranoid ideation or dissociative symptoms.

Narcissistic PD (DSM 5)

- Pervasive pattern of grandiosity, need for admiration, and lack of empathy
- ≥ 5 of:
  - 1. Grandiose sense of self-importance
  - 2. Preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love
  - 3. Believe they are 'special' and unique and can only be understood by, or should associate with, other special or high-status people
  - 4. Requires excessive admiration
  - 5. Sense of entitlement
  - 6. Interpersonally exploitative
  - 7. Lacks empathy
  - 8. Often envious of others or believes others are envious of them
  - 9. Arrogant, haughty behaviors/attitudes



Object Relations Theory

- Objects = internal representations of one's self and others
- Internalization in the developmental window
- Relation to primary caregivers (most often the mother) is the basis for this structure
- disorders of personality result from inability to form whole objects

Split Objects

Inconsistent environment in early development

- ‘Good mother’ at times
- ‘Bad mother’ at other times
- Child is unable to reconcile very different experiences of the same person ➡ split in to ‘all good’ or ‘all bad’ at any given time
- Instead of separating from objects with normal sadness and anger, they experience despair and rage

Good Mother
-safe
-encouraging
-nurturing
-reliable

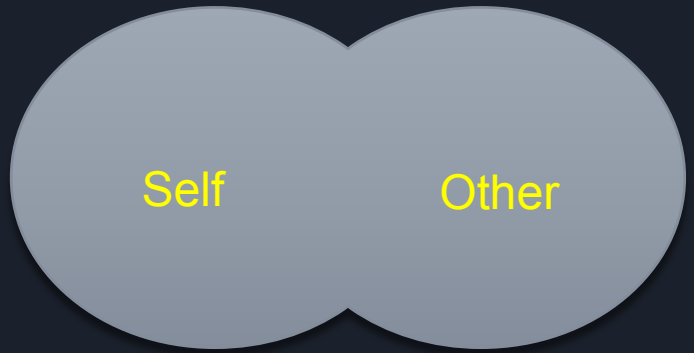
Bad Mother
-terrifying
-critical
-neglectful
-unreliable

Borderline Personality Organization

- Relation to others oscillates between too close and too distant
- Clinging and fear of
- Fragmented sense of self
  - Emptiness
  - Chaotic mix of fear, shame, grandiosity
- Conflict and loss are experienced as rage
- Inability to tolerate negative affect leads to impulsivity
  - Some examples include:
    - Loneliness ➡ sex
    - Sadness / depression ➡ substance use
    - Abandonment ➡ threaten self harm / clinging
    - Lack of feeling ➡ cutting
    - Helpless / Overwhelmed ➡ suicide

Fused Objects (Narcissism)

- Lack of appropriate mirroring for child's real achievements / failures ➡ child does not learn to tolerate normal frustration or regulate their grandiosity
- a healthy degree of disappointment helps the child differentiate the self from the mother. Without this, the child can internalize a self that is fused with that of the mother
  - Grandiosity is a defense against the actual fragmented self.



Narcissistic Personality Organization

- Pattern of not listening to, or respecting the needs of others
- Lack of empathy
- Exploitation
- Need for admiration
- Entitlement
- Difficulty asking for help and resistant to reliance on others
- Denial of own fault
- Pride

Disordered Personality Behaviors

- Splitting
- Demanding / entitled
- Conflicting demands
- Deliberately uncooperative
- Aggression / rage
- Manipulation
- Regression

Hateful Caregivers????

- *Taking Care of the Hateful Patient* (Groves 1978).
  - Traditional ideal: the caregiver is always loving and compassionate
  - Reality: sometimes sick and psychologically troubled patients make us feel helpless, sad, angry, enraged etc.
  - Insatiable dependency
  - View the caregiver as having unlimited reserves/capacity to meet their intense psychological needs
  - Comparable to the mother having occasional (normal) feelings of frustration toward the unrelenting cries of the infant (Winnicott, 1949).

Final Thoughts

- All of our actions and behaviors serve a purpose – our goal is to understand this purpose.
- It's OKAY to have negative feelings toward a pt… However, awareness and understanding of them will help us remain objective
- Personality styles have allowed the patient to survive up until now – we must work within this framework
  - structure the delivery of care to accommodate their underlying needs while addressing their treatment goals

The End

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