Positive and Negative Symptoms of Psychosis

The Care Transitions Network
Objectives

By the end of this webinar, participants will be able to:

• Identify negative symptoms of psychosis
• Elicit positive symptoms of psychosis
• Identify various types of hallucinations
• Identify different delusional themes
• Evaluate severity of hallucinations and delusions
Symptoms of Psychosis

Disorganized Symptoms
- Grossly Disorganized or Catatonic Behavior
- Disorganized Speech

Positive Symptoms
- Delusions
- Hallucinations

Negative Symptoms
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Negative Symptoms

Inability to initiate and persist in goal-directed activities or diminished emotional expressiveness
Negative Symptoms

These are the lack of a normal function:

• Lack of affect
• Impoverished speech
• Lack of motivation
• Decreased ability to enjoy things
• Social withdrawal
Negative Symptoms Can Also Present As Thought Disorder

• Poverty of Speech
  • Lack of additional, unprompted spontaneous speech
  • Insufficient speech
  • One word answers
  • It may represent a symptom of catatonia (mutism)

• This is distinguished from another form of Thought Disorder, Poverty of Content, in which the amount of speech is sufficient but little information is conveyed
Negative Symptoms

- Negative symptoms contribute to social and functional decline
- When present, they often remain as residual symptoms even when positive symptoms resolve
- They are often present for weeks or months prior to the initial onset of positive symptoms; when this happens they are called "Prodromal" symptoms
- Prodromal symptoms may also include attenuated positive symptoms
- When new onset negative symptoms occur without prior history of a "first break" of psychosis, it warrants screening for positive symptoms
Positive Symptoms
Hallucinations

Perceptual experiences that occur without an external stimulus
Hallucination

• A perception-like experience with the clarity and impact of a true perception, but without the external stimulation of the relevant sensory organ—e.g., hearing voices
Hallucinations

• They may occur in any sensory modality, but auditory hallucinations are the most common in schizophrenia and related disorders.

• Auditory hallucinations can be experienced as voices whether familiar or unfamiliar and distinct from the individual’s own thoughts.

• They can also manifest as more acute hearing, or other noises such as buzzing, static, or beeping.
Hallucinations

• Visual hallucinations are more common in medically-induced disorders such as seizures or alcohol withdrawal

• Tactile hallucinations of bugs on the skin are often associated with alcohol withdrawal

• Hallucinations occurring while falling asleep (hypnagogic) or waking up (hypnopompic) are normal experiences
Questions to Elicit Hallucinations

• Do you ever hear things that other people can’t, such as noises, or the voices of people whispering or talking?
• Do you ever have visions or see things that other people can’t see?
• What about strange sensations on your skin, like feeling like something is creeping or crawling on or under your skin? How about the feeling of being touched or stroked?
• What about having unusual sensations inside a part of your body, like a feeling of electricity?
Questions to Elicit Hallucinations

• How about eating or drinking something that you thought tasted bad or strange even though everyone else who tasted it thought it was fine?

• What about smelling unpleasant things that other people couldn’t smell, like decaying food or dead bodies?
Interview Techniques

• Ask if the hallucinatory experience occurred when waking up or falling asleep
• It is often helpful to ask specific questions and follow positive responses with open ended requests for more information, such as: “Tell me about that”
• Questioning about hallucinations can often be a segue into questioning about delusions, as hallucinations are often accompanied by a delusional interpretation
Evaluating Severity of Hallucinations

For hallucinations, severity is based on:

• Frequency
• Level of Distress
• Impact on Behavior
Interview Techniques

• Follow up questions for severity, safety assessment, functional impairment, and distress are helpful:
  • How often does this occur?
  • How much does it bother you?
  • Do the voices tell you to do things? Harmful things? Do you ever do what the voices say?
  • Do you change your behavior in response to these experiences?
  • Does this distract your concentration or your ability to focus on work or school?
  • Do you talk to the voices?
  • Do the voices comment of your actions?
  • Do the voices have conversations with each other?
Delusions

Fixed beliefs that are not amenable to change in light of conflicting evidence
Delusion

• A false belief based on incorrect inference about external reality

• The belief is firmly held despite what almost everyone else believes

• The belief is firmly held despite what constitutes incontrovertible and obvious proof or evidence to the contrary

• The belief is not one ordinarily accepted by other members of the person’s culture or subculture
Delusions

Delusions content may include a variety of themes:

- Persecutory Delusions
- Referential Delusions
- Grandiose Delusions
- Erotomaniac Delusions
- Nihilistic Delusions
- Somatic Delusions
Delusions of Control

- Body control
- Thought insertion
- Thought withdrawal
- Thought broadcasting
- Mindreading
Delusional Misidentification Syndromes

• Capgras delusion
• Fregoli delusion
• Cotard delusion
Evaluating Severity of Delusions

For delusions, severity is based on:
• Level of Conviction
• Impact on Behavior
Next Steps

1. Review the companion materials for helpful questions to elicit the presence of delusions and hallucinations
2. Schedule a training on diagnosing psychotic disorders for your clinicians
3. Stay tuned for the next webinar in which we review disorganized symptoms
   • This will include disorganized behavior and catatonia
   • It will also include disorganized language or thought disorder which can be represented as both a positive symptom, a negative symptom, or a sign of catatonia
References

• American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)


• Christodoulou GN. The Delusional Misidentification Syndromes. (1986). S. Karger AG, P.O. Box, CH-4009 Basel (Switzerland).
Thank you!

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