- The role of stress
  o May activate underlying vulnerability
  o May also increase risk of relapse
- Family interactions
  o Unsupported theories
    - Schizophrenogenic mother
    - Double bind communications
  o High expressed emotion (EE) - associated with relapse
- The role of psychological factors
  o May function as the *diathesis* in the diathesis-stress model
  o Exert only a minimal effect producing schizophrenia

- Medical Treatment of Schizophrenia
- Historical precursors
- Development of anti-psychotic (neuroleptic) medications
  o Often the first line treatment for schizophrenia
  o Began in the 1950s
  o Most reduce or eliminate positive symptoms
  o Acute and permanent side effects are common
    - Parkinson's-like side effects
    - Tardive dyskinesia (involuntary muscle movements, particularly in the face)
  o Compliance with medication is often a problem
    o Noncompliance vs. medication

- Psychosocial Treatment of Schizophrenia
- Psychosocial approaches
  o Behavioral (e.g., token economics) on inpatient units: reward adaptive behavior
  o Community care programs
  o Social and living skills training
  o Behavioral family therapy
  o Vocational rehabilitation
  o Illness management and recovery: engages patient as an active participant in his/her care, focusing on goal setting and dealing with functional impairment
  o Prevention: identify at-risk children and intervene (ex: with supportive, nurturing environments, social skills training, etc)