

Dealing with the Schizophrenic Client

By Lisa Rasheed and Sabrina Rhinehart

As criminal defense attorneys often times we find that our clients have many conditions that thwart our efforts to provide the best legal representation possible. Mental Illness can become an insurmountable hurdle when assisting someone through the criminal justice system. One of the most difficult forms of mental illness to combat as an attorney is Schizophrenia because of the paranoid component that sometimes accompany this illness. Often times the attorney may become part of the delusion and is seen as working with “the system” or against the client. Therefore, we must arm ourselves with information about various illnesses so that we recognize symptoms and not find ourselves arguing with a client about the rationality of a delusion.

Schizophrenia is a brain disorder that interrupts thought processes and is characterized by both positive and negative symptoms. The positive symptoms are present in the individual, but should not be and may manifest themselves as delusions and/or hallucinations. On the other hand, the negative symptoms are missing in the person, but should be present which include apathy, social or emotional withdrawal, and lack of feeling or expression. These initial symptoms of schizophrenia typically present themselves in men between the ages of 16-25 and approximately between the ages of 25-30 for women, with contributing factors having been identified as biological, psychosocial and socio-cultural problems.

There are several types of schizophrenia including paranoid, disorganized, catatonic, residual and undifferentiated. The paranoid type is type that attorneys find the hardest to establish an attorney-client relationship. To a lesser known degree, an individual with the disorganized type usually speaks in an unintelligible manner expressing confused thoughts and unusual behaviors. However, the catatonic type of schizophrenia has a prevalence of eccentric behavior demonstrated by pronounced motor activity that is markedly excited or in a stupor. The residual type only shows traces of symptoms after a person has had a schizophrenic break or episode. Residual symptoms usually exist during a remission period. The undifferentiated type integrates a complex mixture of symptoms from the other primary categories.

While interviewing clients it is always helpful for attorneys to understand medications that are typically prescribed for those suffering from this illness. Clients may not know what they are diagnosed with or choose not disclose that information. However, a client may share with their attorney what types of medications they are taking or what the jail is giving them. This knowledge and understanding of certain medications can often be a source of information for the attorney.

Although there is no cure for schizophrenia, a number of medications make it possible to improve a person’s level of functioning and quality of life. The recommended dosages of these drugs vary and can be administered orally or by injections. Traditionally, schizophrenia is pharmaceutically treated with a class of drugs known as “typical” or “conventional” anti-psychotic agents. These drugs include Haldol, Thorazine, Navane, Trilafon, Stelazine, and

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Mellaril. These medications have been available since the 1950's, however, they have potential side effects including heavy sedation and tardive dyskinesia (late movement disorder). These medications are known for reducing the positive symptoms but have little impact on the negative symptoms of this illness. However, in recent years, there is a newer class of drugs known as atypical anti- psychotics which became available in the 1990's. This group of medications treat both positive and negative symptoms with fewer or less severe side effects; i.e. constipation, dizziness, elevated blood sugar levels, runny nose, nausea and weight gain. Atypical antipsychotics include Abilify, Clozaril, Geodon, Risperdal, Prolixin, Seroquel, and Zyprexa. Unfortunately, even with the improvements made with anti-psychotics, not all people will benefit from medication and there may even be a few exceptions where individuals do not need medication to experience remission.

For a more detailed list of antipsychotic and other psychiatric medications visit:

www.merck.com
www.umm.edu
www.usadrug.com

For more information visit about schizophrenia or other mental illnesses visit:

www.gmhc.org
www.healthyplace.com
<http://www.nimh.nih.gov/publicat/schizsoms.cfm>
www.nmha.org
www.mentalwellness.com
www.mentalhealth.com
www.schizophrenia.com
www.psychiatry-in-practice.com
www.tardive-dyskinesia.com