which, when clients are placed in peculiar positions, they remain almost completely immobile in the same position for long stretches of time. Alternatively, extremely active and purposeless movement (excitement) that is not influenced by what is going on around the person may be present. Additional signs of the catatonic type of schizophrenia are repeating what others say or mimicking their movements.

Undifferentiated Type
When a client is in an active psychotic state, meaning that Criterion A symptoms for schizophrenia are met and the client does not have prominent symptoms that match any of the prior subtypes, then undifferentiated type is diagnosed. Remember that a client’s diagnosis may also change over the years as symptoms form and re-form. The particular subtype diagnosed at one point in time may not match what is currently happening to a client. The subtype of schizophrenia may have shifted, with the undifferentiated subtype now most representative of the course of the disease.

Residual Type
The residual type of schizophrenia is a subtype diagnosis reserved for a client who has had at least one documented episode of schizophrenia but now has no prominent positive symptoms of the illness. Negative symptoms such as flat affect and inability to work are present, but prominent hallucinations, delusions, and disorganized thoughts and behavior are not. When a client has these characteristics, the client is considered to have residual features of the illness and receives this subtype diagnosis.

SOMATIC TREATMENTS
Prior to the 1950s—which is referred to as the pre-neuroleptic age—insulin coma, drug or electrically induced shock treatments, and psychosurgery, including prefrontal lobotomies, were used to treat schizophrenia. The impact of these extreme somatic treatments did make a difference, for a time, in symptomatology but were not durable or beneficial and often not ethical. Many hoped these treatments were the long-sought-after cure for schizophrenia because they were relatively quick and inexpensive compared to lengthy and costly analytic therapies. This hope was not realized.

Contemporary psychosurgery has been refined from a gross assault on cranial tissue (the lobotomy of decades past) to procedures in which specific involved areas of the brain are delicately shaped to reduce repetitive and destructive behaviors (amygdalotomy, cingulotomy). Electroconvulsive therapy (ECT) has been improved upon and crafted to an impressive degree in the last 20 years. Effective treatment with minimal risks has been offered mostly for mood-disordered clients.

The introduction of psychoactive drugs in the 1950s provided new alternatives for the treatment of schizophrenia. Psychotropic medications, which influence the thoughts, mood, and behavior of clients, made

### DSM-IV-TR Diagnostic Criteria for Schizophrenia Subtypes

**PARANOID TYPE**
A type of Schizophrenia in which the following criteria are met:
A. Preoccupation with one or more delusions or frequent auditory hallucinations.
B. None of the following is prominent: disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect.

**DISORGANIZED TYPE**
A type of Schizophrenia in which the following criteria are met:
A. All of the following are prominent:
   1. disorganized speech
   2. disorganized behavior
   3. flat or inappropriate affect
B. The criteria are not met for Catatonic Type.

**CATATONIC TYPE**
A type of Schizophrenia in which the clinical picture is dominated by at least two of the following:
1. motoric immobility as evidenced by catalepsy (including waxy flexibility) or stupor
2. excessive motor activity (that is apparently purposeless and not influenced by external stimuli)
3. extreme negativism (an apparently motiveless resistance to all instructions or maintenance of a rigid posture against attempts to be moved) or mutism

**UNDIFFERENTIATED TYPE**
A type of Schizophrenia in which symptoms that meet Criterion A are present, but the criteria are not met for the Paranoid, Disorganized, or Catatonic Type.

**RESIDUAL TYPE**
A type of Schizophrenia in which the following criteria are met:
A. Absence of prominent delusions, hallucinations, disorganized speech, and grossly disorganized or catatonic behavior.
B. There is continuing evidence of the disturbance, as indicated by the presence of negative symptoms or two or more symptoms listed in Criterion A for Schizophrenia, present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).