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Symptom Flow Diagrams: Exploratory Visualizations of Schizophrenia-Spectrum Disorders

Summary/Disclaimer:

These diagrams were created as educational study aids during my graduate coursework in Psychopathology at the University of Missouri–Kansas City.
Their purpose is to illustrate and compare symptom progression patterns across related schizophrenia-spectrum and psychotic disorders.
They are not official diagnostic tools and should not be used for clinical decision-making. Instead, they represent an integration of my background in design and my training in counseling, demonstrating how visual systems can support learning and pattern recognition in complex material.

Contents:

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Schizophrenia

Symptom Flow Diagram

Diagnosis:

Client: Client Name

Schizophrenia

Timeline	Symptoms	Events	Short Notes
Month 1			
Week 1			Auditory hallucinations and paranoid delusions emerge.
Week 2			Thought disorganization appears; client speaks tangentially, struggles to focus.
Week 3			Disorganized behavior increases; poor hygiene and confusion observed.
Week 4			Negative symptoms emerge (flat affect, reduced speech), psychosis persists.
Month 2			
Week 5			Client remains socially withdrawn and emotionally unresponsive.
Week 6		✚	Hospitalized for safety due to increased disorganization and inability to care for self.
Week 7			Active psychosis continues during inpatient stay; minimal affective engagement.
Week 8			Delusions lessen, but thought derailment and emotional flatness remain.
Month 3			
Week 9			Cognitive disruption continues; speech is vague and fragmented.
Week 10			Begins responding to treatment; improved coherence and decreased paranoia.
Week 11			Negative symptoms persist; limited motivation and social connection.
Week 12			Stable on meds, no psychosis, but functioning remains low.

Schizophrenia - Example

Symptom Flow Mini Map

Timeline	Symptoms	Events
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		✚
Week 7		
Week 8		
Week 9		
Week 10		
Week 11		
Week 12		

Pattern Insight

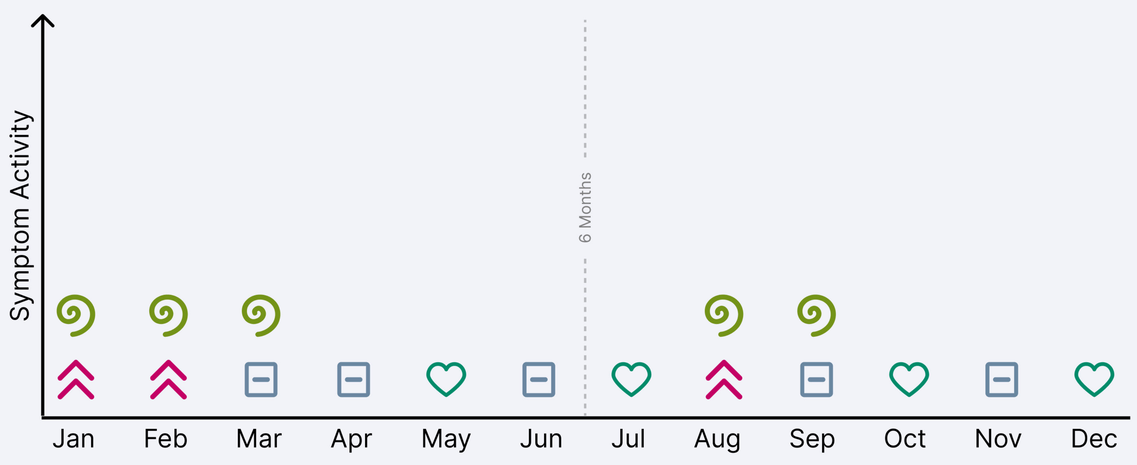
This timeline represents a classic presentation of Schizophrenia. The early weeks show persistent psychotic symptoms, including delusions and hallucinations, followed by emerging **disorganized thinking and behavior**. Unlike Schizoaffective Disorder, mood symptoms here (e.g., depression) are secondary, not driving the clinical picture.

Hospitalization occurs in Week 6 during peak psychotic and cognitive disruption. Negative symptoms such as social withdrawal, anhedonia, and flattened affect remain prominent throughout the course, even after active psychosis begins to remit. The presence of ongoing functional impairment despite symptom reduction in Weeks 10–12 illustrates the chronic and residual nature of Schizophrenia.

This pattern highlights the **centrality of psychosis and disorganization**, as well as the lack of significant mood-driven episodes, which differentiates it clearly from Schizoaffective or Bipolar disorders.

Symptom Flow - Year Map

Schizophrenia



Pattern Insight

This Year Map illustrates a longitudinal symptom pattern for Schizophrenia, highlighting acute psychotic and disorganized symptoms in the early months, followed by persistent negative symptoms and intermittent disorganization throughout the year. Although moments of stabilization emerge mid-year, the return of disorganization and paranoia in late summer and early fall reflects the cyclical and relapsing nature of the disorder.

The map emphasizes how psychotic intensity may lessen over time, but residual cognitive and emotional flattening often persist, impacting long-term functioning and recovery. This format helps visualize not just symptom presence, but trajectory, recurrence, and chronicity.

🔑 Legend

- Anxiety
- Stable
- Psychotic Features
- ✚ Hospitalization
- Negative Symptoms

DSM-5-TR Diagnostic Criteria Overview: Schizophrenia

To diagnose Schizophrenia, two or more of the following must be present for a significant portion of 1 month, with continuous signs of disturbance for at least 6 months. At least one symptom must be (1), (2), or (3):

1. Delusions
2. Hallucinations
3. Disorganized speech
4. Grossly disorganized or catatonic behavior
5. Negative symptoms (e.g., diminished emotional expression or avolition)

Additional criteria:

- Functional decline in work, relationships, or self-care
- Not attributable to another condition or substance use

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SchizoaffectiveDisorder-Depressive Type

Symptom Flow Diagram

Diagnosis:

Client: Client Name

Schizoaffective Disorder - Depressive Type

Timeline	Symptoms	Events	Short Notes
Month 1			
Week 1	⌃⌃		Client begins experiencing persecutory delusions and auditory hallucinations.
Week 2	⌃⌃		Psychosis continues without mood symptoms; socially withdrawn, suspicious.
Week 3	⌃⌃ 💧		Depressive symptoms emerge (anhedonia, fatigue, passive SI).
Week 4	💧		Psychosis recedes, but depression deepens.
Month 2			
Week 5	💧		Client remains withdrawn; affect flat; disinterest in ADLs.
Week 6	💧	✚	Hospitalized for suicidal ideation; no psychosis observed during admission.
Week 7	💧		Discharged; remains severely depressed with poor insight.
Week 8	♡		Partial remission of depressive symptoms; attending therapy consistently.
Month 3			
Week 9	♡		Continued stability with occasional fatigue.
Week 10	💧 🌀		Slight mood drop, anxious ruminations emerge.
Week 11	💧		Depression remains mild; energy and focus reduced.
Week 12	♡		Return to baseline; compliant with meds and therapy.

Schizoaffective Disorder - Depressive Type - Example

Symptom Flow Mini Map

Timeline	Symptoms	Events
Week 1	⌃⌃	
Week 2	⌃⌃	
Week 3	⌃⌃ 💧	
Week 4	💧	
Week 5	💧	
Week 6	💧	✚
Week 7	💧	
Week 8	♡	
Week 9	♡	
Week 10	💧 🌀	
Week 11	💧	
Week 12	♡	

Pattern Insight

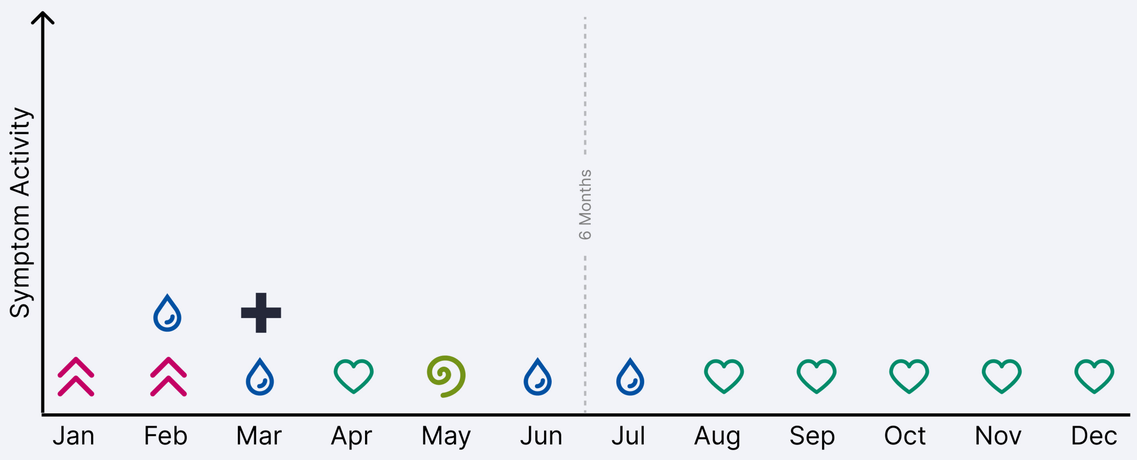
This visual timeline highlights the hallmark pattern of Schizoaffective Disorder, Depressive Type. The first two weeks show psychotic symptoms (hallucinations, delusions) **in the absence of mood symptoms**, which is critical for distinguishing this diagnosis from MDD with psychotic features.

Starting in Week 3, depressive symptoms emerge and persist well beyond the psychosis, meeting criteria for a major depressive episode within the same illness period.

A hospitalization in Week 6 indicates acute risk, followed by a gradual remission and partial stabilization. **Notably, the flow emphasizes the separation and overlap of psychosis and mood,** a defining diagnostic feature, and shows a cyclical course with recurring depressive symptoms and anxious reactivation late in the timeline.

Symptom Flow - Year Map

SchizoaffectiveDisorder-Depressive Type



Pattern Insight

This Year Map reflects the typical arc of Schizoaffective Disorder – Depressive Type, highlighting an early phase of isolated psychosis followed by sustained depressive symptoms. The mid-year shows stabilization and partial remission, with a brief resurgence of anxiety, and a slow tapering into low symptom activity.

The pattern illustrates the diagnostic hallmark of psychosis and mood occurring independently, followed by functional recovery with lingering emotional challenges. The hospitalization mid-year anchors the treatment trajectory.

🔑 Legend

- 🌀 Anxiety
- 💧 Depression
- ♡ Stable
- ⌃⌃ Psychotic Features
- ✚ Hospitalization

DSM-5-TR Diagnostic Criteria: Schizoaffective Disorder

To diagnose Schizoaffective Disorder, the following must be met:

A. An uninterrupted period of illness during which there is a major mood episode (depressive or manic) concurrent with Criterion A of schizophrenia, which includes:
1. Delusions
2. Hallucinations
3. Disorganized speech
4. Grossly disorganized or catatonic behavior
5. Negative symptoms

Note: The mood episode must be either major depressive (must include depressed mood) or manic.

B. Delusions or hallucinations must be present for 2 or more weeks in the absence of a major mood episode during the illness.

C. Symptoms of the mood episode are present for the majority of the total duration of the active and residual portions of the illness.

D. Not attributable to the effects of a substance or another medical condition.

Specifiers:
- Bipolar type: If a manic episode is part of the presentation (depressive episodes may also occur)
- Depressive type: If only major depressive episodes are present
- Current severity, episode type, and remission specifiers can also be used.

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Symptom Flow Diagram

Diagnosis:

Client: Client Name

Schizophreniform Disorder, WITH Good Prognost...

Timeline	Symptoms	Events	Short Notes
Month 1			
Week 1			Client experiences mild anxiety, difficulty concentrating, and vague perceptual changes. Confused but still engaged.
Week 2			Delusions and mild hallucinations begin. Client appears disoriented and expresses concern about the changes.
Week 3			Psychotic symptoms increase but insight is preserved. Client voluntarily seeks help.
Week 4		+	Brief hospitalization. Client remains cooperative, oriented, and responsive.
Month 2			
Week 5			Symptoms begin to remit. Speech becomes more organized, and delusions lose emotional weight.
Week 6			Discharge from inpatient care. Mood and cognition stabilize. Client reports improved energy and clarity.
Week 7			Client returns to work part-time. Mild residual confusion. Insight improving.
Week 8			Client resumes full-time activities. Positive attitude, no psychotic symptoms reported.
Month 3			
Week 9			Stable functioning. Follow-up therapy in place.
Week 10			No residual psychotic or mood symptoms.
Week 11			Social re-engagement strong. Client expresses goals for future.
Week 12			Full functional recovery. Insight and coping tools are intact.

Schizophreniform Disorder, with Good Prognostic Features

Symptom Flow Mini Map

Timeline	Symptoms	Events
Week 1		
Week 2		
Week 3		
Week 4		+
Week 5		
Week 6		
Week 7		
Week 8		
Week 9		
Week 10		
Week 11		
Week 12		

Pattern Insight

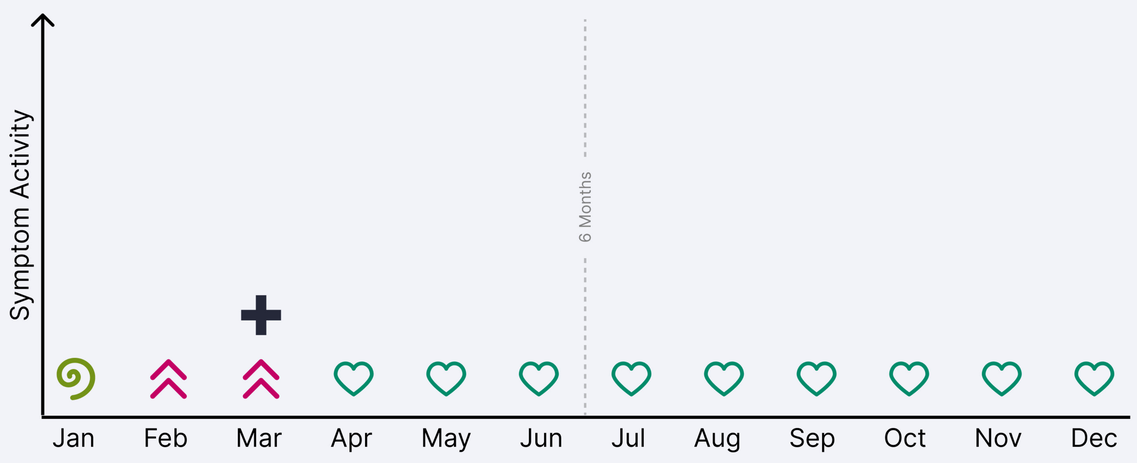
This timeline reflects the characteristic progression of Schizophreniform Disorder without good prognostic features, marked by early psychotic symptoms, sustained functional disruption, and slow recovery. Symptoms begin with anxiety and vague perceptual changes, escalating into paranoid delusions, disorganized thought, and hallucinations. Inpatient hospitalization begins by Week 3 and continues through Week 7, emphasizing severity and poor insight.

Notably, negative symptoms such as flattened affect, anhedonia, and diminished motivation persist well beyond the acute phase, with cognitive impairment and social withdrawal continuing even after psychosis begins to remit. The client's insight remains limited through most of the timeline, with only gradual improvement in functioning across the final weeks.

This pattern underscores the chronicity and complexity of Schizophreniform Disorder in the absence of favorable prognostic signs. While symptom reduction occurs, full return to baseline is not achieved within the mapped period.

Symptom Flow - Year Map

Schizophreniform Disorder, WITH Good Prognostic Features



Pattern Insight

This Year Map illustrates a time-limited course of Schizophreniform Disorder with good prognostic features, where early symptoms resolve fully within the six-month diagnostic window. Psychotic symptoms appear briefly in early spring and are followed by rapid stabilization. A short inpatient stay supports recovery, and the client resumes full functioning by mid-year. Strong insight, good premorbid functioning, and responsiveness to treatment all point to a positive outcome and clear differentiation from schizophrenia or cases with poor prognostic signs.

Legend

- Anxiety
- Depression
- Stable
- Psychotic Features
- Hospitalization
- Negative Symptoms

DSM-5-TR Diagnostic Criteria Overview : Schizophreniform Disorder

To diagnose Schizophreniform Disorder, two or more of the following must be present for a significant portion of a 1-month period (or less if successfully treated). At least one symptom must be (1), (2), or (3):

1. Delusions
2. Hallucinations
3. Disorganized speech
4. Grossly disorganized or catatonic behavior
5. Negative symptoms (e.g., flat affect, avolition)

Duration:
- The episode lasts at least 1 month but less than 6 months, including prodromal and residual phases.

Other Requirements:
- Rule out Schizoaffective Disorder, Bipolar Disorder, and depressive disorders with psychotic features.
- Not due to the effects of a substance or another medical condition.

Specifiers:
- With or without good prognostic features (based on the presence of rapid onset, confusion, good premorbid functioning, and affective responsiveness).

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Symptom Flow Diagram

Diagnosis:

Client: Client Name

Schizophreniform Disorder, w/o Good Prognostic...

Timeline	Symptoms	Events	Short Notes
Month 1			
Week 1			Client reports anxiety, vague perceptual disturbances, and reduced sleep. Functioning begins to decline.
Week 2			Emergence of paranoid delusions and mild auditory hallucinations. Client appears withdrawn.
Week 3		+	Psychotic symptoms escalate; speech is disorganized, behavior is erratic. Client hospitalized.
Week 4		+	Inpatient care continues. Hallucinations persist; thought derailment and poor hygiene noted.
Month 2			
Week 5		+	Affect is flat. No significant improvement. Family reports loss of baseline personality traits.
Week 6		+	Negative symptoms emerge (blunted affect, anhedonia). Insight remains minimal.
Week 7		+	Psychosis shows subtle reduction, but disorganized thought remains. Client remains socially disengaged.
Week 8			Client begins outpatient therapy. Still emotionally flat; slow response latency.
Month 3			
Week 9			Hallucinations have diminished, but cognitive symptoms persist. Insight limited.
Week 10			Client is medication-adherent; shows mild improvement in speech and hygiene.
Week 11			Mood appears stable, but energy remains low. Continued struggles with motivation.
Week 12			Mild insight emerges. Client re-engages slightly with family; still not at premorbid baseline.

Schizophreniform Disorder, Without Good Prognostic Features

Symptom Flow Mini Map

Timeline	Symptoms	Events
Week 1		
Week 2		
Week 3		+
Week 4		+
Week 5		+
Week 6		+
Week 7		+
Week 8		
Week 9		
Week 10		
Week 11		
Week 12		

Pattern Insight

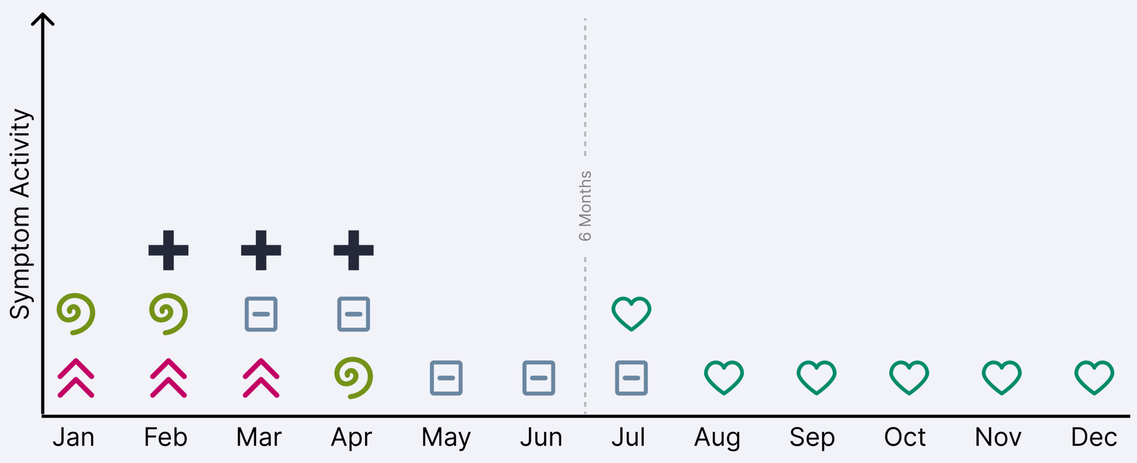
This timeline reflects the characteristic progression of Schizophreniform Disorder without good prognostic features, marked by early psychotic symptoms, sustained functional disruption, and slow recovery. Symptoms begin with anxiety and vague perceptual changes, escalating into paranoid delusions, disorganized thought, and hallucinations. Inpatient hospitalization begins by Week 3 and continues through Week 7, emphasizing severity and poor insight.

Notably, negative symptoms such as flattened affect, anhedonia, and diminished motivation persist well beyond the acute phase, with cognitive impairment and social withdrawal continuing even after psychosis begins to remit. The client's insight remains limited through most of the timeline, with only gradual improvement in functioning across the final weeks.

This pattern underscores the chronicity and complexity of Schizophreniform Disorder in the absence of favorable prognostic signs. While symptom reduction occurs, full return to baseline is not achieved within the mapped period.

Symptom Flow - Year Map

Schizophreniform Disorder, Without Good Prognostic Features



Pattern Insight

This Year Map illustrates the extended course of Schizophreniform Disorder without good prognostic features, beginning with an acute phase of psychotic symptoms followed by prolonged impairment. Delusions, hallucinations, and disorganized thought emerge rapidly, requiring sustained hospitalization during the first quarter.

As psychosis gradually remits, negative symptoms—such as blunted affect, anhedonia, and avolition—persist through mid-year. The second half reflects partial recovery, with emerging insight and social re-engagement, though premorbid functioning is not fully regained. This pattern contrasts with shorter, self-limited psychotic disorders and highlights the slower recovery seen when good prognostic indicators are absent.

Legend

- Anxiety
- Depression
- Stable
- Psychotic Features
- Hospitalization
- Negative Symptoms

DSM-5-TR Diagnostic Criteria Overview : Schizophreniform Disorder

To diagnose Schizophreniform Disorder, two or more of the following must be present for a significant portion of a 1-month period (or less if successfully treated). At least one symptom must be (1), (2), or (3):

1. Delusions
2. Hallucinations
3. Disorganized speech
4. Grossly disorganized or catatonic behavior
5. Negative symptoms (e.g., flat affect, avolition)

Duration:
- The episode lasts at least 1 month but less than 6 months, including prodromal and residual phases.

Other Requirements:
- Rule out Schizoaffective Disorder, Bipolar Disorder, and depressive disorders with psychotic features.
- Not due to the effects of a substance or another medical condition.

Specifiers:
- With or without good prognostic features (based on the presence of rapid onset, confusion, good premorbid functioning, and affective responsiveness).

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Brief Psychotic Disorder

Symptom Flow Diagram

Diagnosis:

Client: Client Name

Brief Psychotic Disorder

Timeline	Symptoms	Events	Short Notes
Month 1			
Week 1		▲	Client experienced acute relational stressor 24–48 hours prior to onset. Auditory hallucinations and paranoid delusions emerged abruptly.
Week 2			Disorganized thought appears; client speaks tangentially and shows impaired focus.
Week 3			Behavior remains disorganized; poor hygiene and mild confusion observed.
Week 4			Symptoms begin to remit; affect stabilizes, and client shows improved coherence.
Month 2			
Week 5			Client returns to baseline functioning; no active psychosis noted.
Week 6			Maintains full remission; re-engaged in routine activities.
Week 7			Continued stability; no residual symptoms reported.
Week 8			Fully recovered; insight intact, mood and cognition remain stable.

Brief Psychotic Disorder - Example

Symptom Flow Mini Map

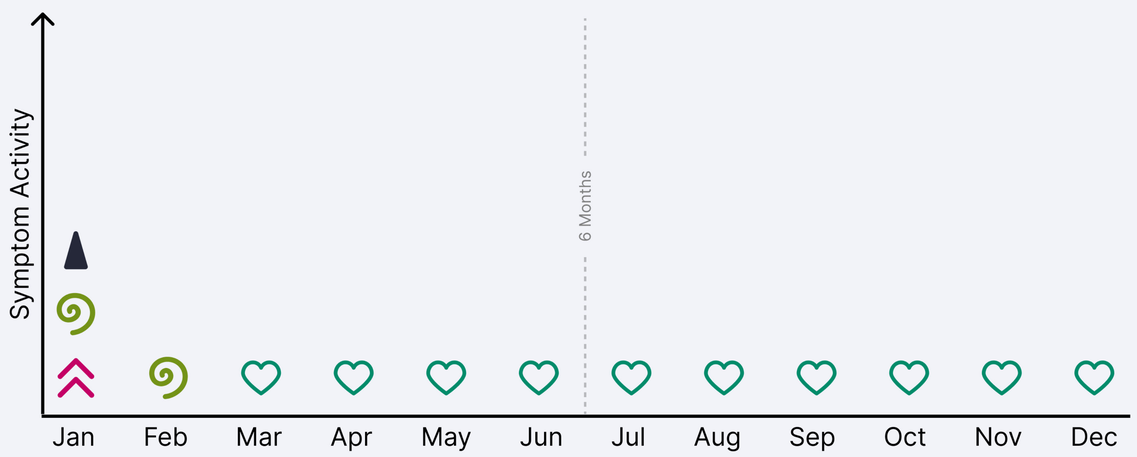
Timeline	Symptoms	Events
Week 1		▲
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		
Week 7		
Week 8		

Pattern Insight

This mini map reflects the core features of Brief Psychotic Disorder, with marked stressor. A sudden onset of delusions, hallucinations, and disorganized thought occurs in response to a significant psychological stressor, without a mood component. Symptoms escalate rapidly in the first week, peak in severity by Week 2, and begin to resolve by Week 4, with full remission by Week 5. The compressed time frame and return to baseline distinguish this disorder from longer-lasting psychotic conditions.

Symptom Flow - Year Map

Schizophrenia



Pattern Insight

This Year Map illustrates the acute and self-limited nature of Brief Psychotic Disorder, with marked stressor. Psychotic symptoms emerge sharply following a significant stressor, resolve fully within the first month, and do not recur across the year. This time-bound, stressor-linked arc supports diagnosis and helps differentiate it from chronic or cyclical psychotic conditions.

🔑 Legend

Anxiety Depression Stable

Psychotic Features

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