

Improving ads for brain function and helping psychosis



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Psychosis is defined as an impairment of brain function which is caused by chemical disruptions due to biological, environmental and sociological factors (Morrison-Valfre, 2005, p. 324). The Department of Health (2010) highlighted that patients with psychosis may experience disconnectedness to the world which may affect the life of individuals in performing the activities of daily living (ADL) and their families. It is essential to understand the impact of psychosis on the individuals and in the society as whole (Department of Health, 2010, p. 2-3). The understanding may help to explain psychosis associated issues by helping to diminishing the rates of depression and suicide among the individuals, thus reducing the impact of mortality and morbidity and associated economic cost (Department of Health, 2010, p. 4-5). This essay will analyse the deficit in ADL that may occur in a client experiencing psychosis as a part of schizophrenia (Twamley, Doshi, Nayak, Palmer, Golshan, Heaton, Patterson & Jeste, 2002, p. 2013; Semkovska, Bédard, Godbout, Limoge & Stip, 2004, p. 289). This will be done by focussing on the development of psychotic symptoms by analysing positive and negative symptoms of psychosis, the deficits in ADL and the effect on the patients followed by discussing appropriate nursing interventions for both the individual and their family.

Psychosis is considered to be a mental state that may have a negative impact of the interpretation of reality by the affected individual by altering their process of thinking, their behaviour pattern and their state of emotion and beliefs (Hicks, 2005, p. 268-269; Morrison-Valfre, 2005, p. 325). The studies highlight that psychosis related symptoms may be identified as a single event which may last from one to six months in a persons' life (Mental

Illness Fellowship Victoria [MIFV], 2011; Hicks, 2005, p. 272). However, if the symptoms relapse this may lead to continuity of psychosis in the long term which may result in disease such as schizophrenia (MIFV, 2011; Elder et al., 2013, p. 270; Young, 2014, p. 20; Hicks, 2005, p. 271). The course of psychotic symptoms is highly likely to be triggered in vulnerable people due to their susceptibility to stress as a consequence of which may lead to the development of schizophrenia (Neuchterlein, Dawson, Ventura, Gitlin, Subotnik, Snyder, Mintz & Bartzokis, 1994, p. 58; Hicks, 2005, p. 270, 272). Studies mention that there may be both negative and positive symptoms experienced by patients with psychosis (Fortinash & Holoday-Worret, 2004, p. 457; MIFV, 2011; Young, 2014, p. 20).

MIFV (2011) reported that the positive psychotic symptoms are regarded as abnormal excessive functions of individual's everyday life. A number of these symptoms explain an individual's frightening experience that may be misinterpreted by the surrounding people (Hicks, 2005, p. 268-270; MIFV, 2011; Fortinash & Holoday-Worret, 2004, p. 457). Firstly, hallucinations that is associated with dysfunction of those parts of the brain that are responsible for the five senses, namely hearing, vision, taste, smell and touch which may impact on the individual's perceptions (Elder et al., 2013, p. 195; Hicks, 2005, p. 268-269). These feelings are viewed as false perceptions owing to the fact that the patients with psychosis are capable of experiencing and acknowledging them as real ones (MIFV, 2011; Elder et al., 2013, p. 195) Secondly, delusions that are regarded as " firmly fixed false beliefs" which means that the patients with psychosis may hold beliefs in relation to being observed and therefore may behave suspiciously towards the others (Hicks,

2005, p. 268-269, Elder et al., 2013, p. 195). In this case it becomes impossible to persuade them to adopt opposing viewpoint by providing logical explanation with regards to their beliefs (Hicks, 2005, p. 269, 275; Elder et al., 2013, p. 195). Thirdly, confused processes of thinking that may result in the disruption and disorganisation of “ form of thoughts” and its content (Hicks, 2005, p. 269, 272; Elder et al., 2013, p. 194; MIFV, 2011). Examples of this may include the increased or decreased speed of the person’s speech, an interruption in the continuity of thoughts and repetition and inadequate production of the thoughts all of which result in difficulty with understanding the person (Elder et al., 2013, p. 194; MIFV, 2011; Hicks, 2005, p. 269). Moreover, the patient with psychosis may experience issues with regards to diminishing concentration, memorising things and therefore being unable to lead the conversation (Elder et al., 2013, p. 194-195; Hicks, 2005, p. 275; Hultsjö, Berterö, Arvidsson & Hielm, 2011, p. 174). Furthermore, the patient with psychosis may not understand their own symptoms due to inadequate awareness of themselves (Hicks, 2005, p. 276; MIFV, 2011). However, negative symptoms related to psychosis are mostly associated with a reduced function of the patient (MIFV, 2011). These reduced functions may have been caused by positive symptoms that may affect their performance of ADL’s (MIFV, 2011; Codbout, Limoges, Allard, Braun & Stip, 2007, p. 294).

There have been a number of studies which discuss ADLs from a viewpoint of understanding and evaluating psychosis related issues (Codbout et al., 2007, p. 294; Semkovska et al., 2004, p. 289, 297; Twamley et al., 2002, p. 2013).

Those issues were mainly focused on analysing the impact of psychosis

symptoms on the individuals' memory function and thinking processes, together with evaluating concentration on tasks while performing ADLs (Semkovska et al., 2004, p. 289; Twamley et al., 2002, p. 2019; Codbout et al., 2007, p. 293, 295). The studies demonstrated that the patients with psychosis experienced difficulty when performing their everyday tasks such as selecting a menu, purchasing the menu ingredients and preparing the meal (Semkovska et al., 2004, p. 292). It was observed that frequently errors were made where a logical sequence of tasks was required (Semkovska et al., 2004, p. 293, 295; Morrison-Valfre, 2005, p. 325). For instance, this can be seen where patients list ingredients in the shopping list without considering the menu beforehand, or when shopping for menu ingredients do not realise that there were some products missing from the shopping list (Semkovska et al., 2004, p. 293-293). In addition, the studies highlighted that there were omissions made during the menu selection which may demonstrate inadequate use of selective strategies and problem solving skills along with poor attention while performing tasks (Semkovska et al., 2004, p. 290, 295-296). Moreover, it was observed that there was a challenge for patients with psychosis during meal preparation time in which they were unable to prioritise the steps of cooking and were repetitive in their actions and therefore could not manage to complete their task on time (Semkovska et al., 2004, p. 293, 298). This may have occurred due to their incapability to process the information because their thoughts were being disorganised and the patients themselves could be readily distracted (Morrison-Valfre, 2005, p. 325). It is also observed that the patents with psychosis may have experienced concentration related problems that prevented the completion other tasks (Semkovska et al., 2004, p. 298).

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Furthermore, there were other activities for the patients to perform such as communication via telephone, organising outings and use of transportation and dealing with finances all of which revealed that there were issues associated with the ability to concentrate (Twamley et al., 2002, p. 2015, 2018-2019). They also demonstrated verbal communication issues and reduced ability to pay attention (Morrison-Valfre, 2005, p. 325; Twamley et al., 2002, p. 2015). It is worthy noticing that patients with positive related symptoms were less troubled with dealing with ADLs than those with negative related symptoms patient (Codbout et al., 2007, p. 294). Nevertheless, it is highlighted that if cognitive deficits and associated symptoms were reduced then the deficits of ADLs may be improved (Twamley et al., 2002, p. 2019).

A number of interventions have been mentioned for the purpose of minimising risk of the relapse of psychosis related symptoms (Elder et al., 2013, p. 273). In MIFV (2011) strategies of interventions are discussed which show the importance of rapport establishing with the patient experiencing psychosis. It is also crucial to ensure the safety of the person by assessing a patient's thoughts on the subject of self-harm and whether they plan suicide and in this case implement a risk assessment (MIFV, 2011; Elder et al., 2013, p. 203-204). While applying therapeutic communication skills the nurse must be aware of self-behaviour by being calm and use language that may assist in reducing the patients' level of anxiety (Elder et al., 2013, p. 189, 454; MIFV, 2011). When the patient's thoughts are confused the nurse should be patient by speaking slow and clearly to the patents (MIFV, 2011). By providing interventions with relation to ADLs the assessment of the patient is

required prior to their task performance (Elder et al., 2013, p. 273). Where the patient has a fear of being poisoned, the patient may be permitted to cook for themselves with the assistance in following the instructions (Elder et al., 2013, p. 273). Cognitive behavioural therapy is highly effective when provided it to the patient as it assists their understanding about current events by emphasising their strengths (Elder et al., 2013, p. 272). Some distraction techniques may be used such as walking particularly when the patient has distortion of thoughts (Elder et al., 2013, p. 273; MIFV, 2011). Listening to music, as well as meditation, is considered to be effective due to reduction of psychosis associated symptoms (Silverman, 2003, p. 37-38; Shonin, Gordon & Griffiths, 2014, p. 124). The patient is required to use the antipsychotic medication (Elder et al., 2013, p. 272). The intervention for the family includes providing support service, counselling and providing stress copying programs (MIFV, 2011).

In conclusion, it has been highlighted that the psychosis related symptoms have an influence on the life of both patient and family. Whilst there is a challenge for the patients in performing their ADLs due to impairment of brain function, there are some strategies in improving their ADLs. Moreover, the interventions that are provided for the patients and their family may assist in coping with the psychosis.