

# Good example of diagnosis and treatment planning case study

[Health & Medicine](#)



**ASSIGN  
BUSTER**

## **Diagnosis and Treatment Planning**

This is a case study of Joseph. Joseph is a twenty five year old American male. There are more than 25 million people who are affected by schizophrenia. There is suspicion and uncertainty with regards to the causal attributes of schizophrenia. Schizophrenia is a mental disorder that has multiple manifestations. It is hard enough to try to understand the cognitive processes of as healthful person, let alone understand the cognitive processes someone who is manifesting symptoms of schizophrenia. Imagine looking at a person who is sitting on a park bench pretending to argue with someone while sitting on the park bench by themselves. The people who are passing may say that the person is not running on all of their cylinders or the person may not be in charge of their faculties. Many people perceive the reaction to auditory and visual hallucinations as manifestations of strange behavior. These are the types of manifestations to which the families and the friends of the schizophrenic person become accustomed (Rapoport et al., 2005).

## **DSM –5 Diagnoses**

Primary DSM 5 Diagnosis: Schizophrenia

The relevant medical diagnoses that are associated with Joseph's condition are hallucinations and delusions. In addition, Joseph demonstrates a continuous rocking motion that is part of the strange motor behaviors. Furthermore, Joseph is demonstrating delusions of paranoia. Joseph continually says: " They are coming". Joseph acts as if he is feeling a wall when there is no wall present. The measures of the severity of Joseph's

symptoms were accessed from the DSM - 5 (2013). These measures were taken from the self-rated level 1 cross-cutting symptom measure for adults (American Psychiatric Association, 2013)

## **Rationale for Diagnosis**

Joseph has been examined by means of PET (positron emission tomography), MRI (magnetic resonance imaging) and CT (computerized tomography) scans. The findings from these scans have demonstrated that there are enhanced surface restructuring, inflamed ventricles and a low amount of activity in the frontal lobes of the cerebral cortex. These symptoms are the reasons that Joseph is exhibiting auditory and visual hallucinations.

## **Theoretical Model of Psychopathology**

Joseph's brain is producing irregular amounts of serotonin, norepinephrine and dopamine. These are some of the more than 100 neurotransmitters that facilitate the nerve cells located in the lobes of the cerebral cortex to effectively communicate. The concept is that the well trained physicians, psychologists and psychiatrists have been diligently searching for a cure to this disorder while applying state of the art technology that includes CT, MRI and PET scans.

In addition, the cognitive characteristic of Joseph having visual and auditory hallucinations confirms the fact that he is afflicted with the disorder. Joseph's family and friends have stated that Joseph appears to be withdrawn. He isolates himself from others and answers questions that no one has asked him. The majority of the cerebral cortex is composed of four primary lobes. These lobes administer vision, hearing, memory language muscle

coordination and thinking. The chemistry of Joseph's brain is altered by the irregular production of norepinephrine, dopamine and serotonin. The cerebral cortex is encased in the skull and is enveloped by cerebrospinal fluid that provides protection.

The cerebrospinal fluid circulates into the brain by means of conduits that are connected to the ventricles. The ventricles are spaces that are filled with fluid that is inside the brain. In the CT, PET and MRI scans that have been applied to Joseph's cerebral cortex, the ventricle shave demonstrated that they are inflamed. The production of the neurotransmitters and the chemical imbalances that are caused by the abnormal amounts of production of dopamine, serotonin and norepinephrine has caused Joseph's condition. The outcome of Joseph's condition on his immediate family relations is that they are afraid to leave him alone. This is attributed to the auditory and the visual hallucinations that he has been experiencing.

### **Impact of the Social Contexts**

A study among Africans showed that people who have antecedence of schizophrenia or other types of mental dysfunctions in their family history have a higher incidence of receiving a diagnosis of schizophrenia. Mexican Americans have detailed this condition as nervios. The term is applied in order to detail a number of mental disorders for which the patient is not to blame. In the Anglo American cultures, the character of the person is held to blame for the onset of the disorder. French Europeans have described the state of boufée délirante is manifested by transient psychosis with components of being in the state of a trance or a dream (Versola- Russo, 2008).

<https://assignbuster.com/good-example-of-diagnosis-and-treatment-planning-case-study/>

In Germany and Spain there is involuntional paraphrenia. This is a disorder that frequently occurs during midlife and has some of the qualities but is different from the schizophrenia paranoia. There are culturally related syndromes that have mutual characteristics with schizophrenia. These are amok that is demonstrated by an abrupt rampage. The details of the rampage include suicidal and homicidal ideations that are followed by amnesia and complete exhaustion. These are the symptoms that have been documented among Southeastern Asians. In Guatemala, there is colera which has features of violent outbursts, temper tantrums, delusions and hallucinations. In the cultures of Japan, Africa and Malaysia there is latah. Latah is a mental disorder that causing the patient to demonstrate features of being automatically submissive with intermittent episodes of echolalia and echopraxia (Versola- Russo, 2008).

## **Treatment Plan**

Subsequent to the evaluation of Joseph's diagnosis in addition to the psychosocial and clinical circumstances, the acute stage of the treatment may be formulated. The treatment during the acute stage is to administrate the disturbing conduct, decrease the severity of the affective symptoms, aggressive symptoms and negative symptoms. Collaboration and engagement with members of Joseph's family is recommended during this stage. This is attributed to the premise that the family members are required in order to provide support for joseph in order to facilitate his recuperation (Lehman et al., 2004).

Joseph's body weight should be assessed; there should be assessments for a syphilis examination. Furthermore, the thyroid, renal and liver functioning

<https://assignbuster.com/good-example-of-diagnosis-and-treatment-planning-case-study/>

should be reviewed as well. An assessment should be taken of Joseph's blood chemistry. This assessment includes the characteristics of triglycerides, cholesterol, glucose and sanguine electrolytes. The advantages and the hazards of the treatment using antipsychotic medications should be evaluated and discussed with Joseph. The choice of an antipsychotic medication is based upon Joseph's previous experiences with antipsychotic medication and the side effects that may be experienced by Joseph (Lehman et al., 2004).

### **Focus of Therapy**

The key issues that will be addressed are the following objectives:

- Optimize the adaptive functioning of the patient and the quality of life.
- Maintain and encourage recuperation from the devastating effects of the illness to the greatest degree possible (Lehman et al., 2004).

### **Long Term Goals**

The long term goals are to restore Joseph's normal functioning and encourage recuperation from the debilitating influences of schizophrenia to the maximal degree that is possible (Lehman et al., 2004).

### **Short Term Goals**

The short term goals are to decrease and to eradicate the visual and auditory hallucinations in order to ensure that Joseph does not harm himself or anyone in his environment (Lehman et al., 2004).

## **Theories that Guide the Intervention**

The theories that are derived from the guidance of the intervention that is being applied to Joseph originate with the Steering Committee on Practice Guidelines for the APA. These guidelines are approved by the general assembly of the American Psychological Association. These theories include humanistic theory. Humanistic theory was conceived by Carl Rogers. The idea is that the therapeutic intervention is centered on the person. This is a reward based therapeutic perspective that reinforces desired behavior (Schneider & Krug, 2010). In order to effectively treat Joseph's hallucinations and delusions, CBT (cognitive behavioral therapy) would be applied (Jensen & Kane, 1996).

## **Interventions**

Some of the interventions that would be applied in order to facilitate Joseph's meeting of his goals would be psycho education, motivational interviewing and family based therapeutic interventions. Dialectical behavioral therapy would also be applied in order to instruct Joseph in how to cope with stress in a different manner in order to avoid relapsing into the visual and auditory hallucinations (Australian Psychological Society, 2010).

## **Larger Environments and Social Systems Impacting Diagnosis and Treatment Plan**

Some of the social systems and environmental factors are the procedural discrimination against individuals whose condition is similar to Joseph's.

These factors include the health insurance resources for his recuperation may be insufficient. There may also be deficient coordination with the

employment welfare and housing factors that may be limiting factors in the <https://assignbuster.com/good-example-of-diagnosis-and-treatment-planning-case-study/>

maintenance of Joseph's recuperation. Increased attention must be given to these support systems. The family environment may be the best recourse while determinations with regards to Joseph's integration into society subsequent to his treatment are made (Caldas de Almeida and Killaspy, 2011).

## References

American Psychiatric Association (2013). DSM 5. American Psychiatric Association.

Australian Psychological Society (2010). Evidence- based psychological interventions in the treatment of mental disorders: a literature review (3rd edition). Australian Psychological Society.

Caldas de Almeida, J. M. and Killaspy, H. (2011). Long- term mental health care for people with severe mental disorders. Impact Consortium.

Jensen, L. H. and Kane, C. F. (1996). Cognitive theory applied to the treatment of schizophrenia. Arch Psychiatr Nurs, 10(6): 335- 341.

Lehman, A. F., Lieberman, J. A., Dixon, L. B. , McGlashan, T. H. , Miller, A. L., & Kreyenbuhl, J. (2004). Practice guideline for the treatment of patients with schizophrenia (2nd edition). American Psychiatric Association.

Rapoport, J. L., Addington, A. M. Frangou, S and Psych, M. R. C. (2005). The neurodevelopmental model of schizophrenia: Update 2005. Molecular Psychiatry, 10(5): 434- 449.

Versola- Russo, J. (2006). Cultural and demographic factors of schizophrenia. International Journal of Psychosocial Rehabilitation, 10(2): 89- 105.