

# A case study of a schizophrenia patient



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The assignment is about case study for a client with schizophrenia and has had three admissions to hospital the last one five years ago , her name hala , at the age of 35 year old , she live with her brother but tend to be a bit overprotective , not allowed to take much responsibility in the home or to go out alone .

### **The clinical picture of the client:**

It include the, signs & symptoms for the client.

Hala has moderately severe negative symptoms , The negative symptoms of schizophrenia, defined as the absence or diminution of normal behaviors and functions , negative symptoms account for much of the long-term morbidity and poor functional outcome of patients with schizophrenia.. The signs and symptoms of schizophrenia are numerous and debilitating , these symptoms are the lack of important abilities . Some of these include:

1)Alogia: or poverty of speech, is the lessening of speech fluency and productivity, inability to carry a conversation , thought to reflect slowing or blocked thoughts, and often manifested as short, empty replies to questions.

2) Affective flattening: is the reduction in the range and intensity of emotional expression, including facial expression, voice tone, eye contact (person seems to stare, doesn't maintain eye contact in a normal process), and is not able to interpret body language nor use appropriate body language.

3) Avolition: is the reduction, difficulty, or inability to initiate and persist in goal-directed behavior; it is often mistaken for apparent disinterest. )

Inappropriate social skills or lack of interest or ability to socialize with other people. (examples of avolition include: no longer interested in going out and meeting with friends, no longer interested in activities that the person used to show enthusiasm for, no longer interested in much of anything, sitting in the house for many hours a day doing nothing.) .

4) Catatonia: Apparent unawareness of the environment, near total absence of motion and speech, aimless body movements and bizarre postures, lack of self-care.

5) Social isolation : person spends most of the day alone or only with close family, and inability to make friends or keep friends, or not caring to have friends.

6) Low energy : the person tends to sit around and sleep much more than normal.

### **The client is being worked upon with the following MDT:**

Psychiatrist: the psychiatrist works with the client using needed medication, such as Prozac.

Psychologist: the psychologist works with the client using different approaches, in order to understand her, and her behaviors', through talking, observing...

Social worker: the social worker works with the client in understanding difficulties that the client has, that affect her social life...for example not going to work, the thing that affects her social relations and networks.

Physician and nursing: the physician is a general doctor that follows up the clients medical status. On the other hand, the nursing team is available in the institution for the clients need to be supervised by a medical team, for if someone would have a relapse, an action would be done, such as giving injections.

Finally, the MDT works together, by meetings and reports about each client.

She is treated with medication and visits the out patient clinic at the hospital every three months to see her doctor. she reliable about raking her medication and keeping her outpatient appointments.

treatment may include:

behavioral therapy: patients with schizophrenia improve their social skills and put structure in their lives. Through social skills training, they may learn how to make requests, express feelings, and adjust their voices and facial expressions.

## **The impact of the illness will have on the clients occupational functioning**

The impact of these symptoms on ADL, work, and liesure.

Activities of daily living require the ability to start and repeat purposful task performance so that become habitual or routine and these tasks or activities include: bathing, grooming, and dressing, washing hands before a meal, eating with resonable table manners, then cleaning up. Persons who have schizophrenia may find routin task performance interrupted by symptoms, side effects of medication, and progression of schizophrenia. Auditory or

visual hallucinations may interrupt attention, and tactile discomfort with texture of materials may limit occupational performance. Many ADL routines become challenging in the presence of motor problems produced by negative symptoms and the neurological side effects of medications. Incoordination, tremors, rigidity, or slow movement may interfere with tasks like replacing caps on bottles, shaving, and using eating utensils. In the psychological area, major barriers to ADL are apathy, avolition, or extreme withdrawal. Even persons who show interest in social interaction may not complete the self-maintenance tasks that would increase social acceptance. They are unable to engage themselves in tasks and may depend on others to involve them. Finally, self-management difficulties in schizophrenia influence ADL performance to a great extent. Routines are abandoned when persons are unable to cope with environmental or internal stressors. Time management and self control become weak.

## Work

Often persons with schizophrenia have difficulty finding satisfactory housing or keeping a job because of psychological, and self-management performance difficulties. Also, negative symptoms such as withdrawal, avolition, substance abuse, neurological impairment, medication side effects, and coexisting medical conditions make work performance impossible for many.

## **The model/frame of reference I used to guide the assessment and intervention with the client:**

Frame of reference : MOHO “ model of human occupation”

I chose MOHO because it :

- 1)Furnishes a detailed framework of the occupational functioning of hala.
- 2)Enables precise measurement and useful description of hala occupational characteristics .
- 3)Give specific and detailed guidelines and tools for evaluating hala , a specific language for describing the difficulties or challenges encountered , and a framework for setting treatment goals and selecting the most appropriate strategy to achieve the desired level of change .
- 4)allows for a flexible approach to individualized therapy for hala and provides a comprehensive picture of the occupational functioning .
- 5)provides a conceptualization of the process and stages of change that was useful for guiding the sequence of therapy (including deciding when hala is ready to move from one level of change to another).

### **how I assess the client**

I chose an activity during the assessment , I chose washes plastic plates

I chose ACIS assessment (( assessment of communication and interaction skills)).

The ACIS is a formal observational tool , to measure an individual's performance in an occupational form within a social group , that allows occupational therapist to determine a client's strengths and weaknesses in interacting and communicating with others in the course of daily occupations.

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I chose ACIS assessment because , it is most effectively used to generate a profile of strengths and weaknesses and qualitative details about my client , this profile is the most important source of information for deciding what skills to target for change. ACIS is often helpful for understanding why is my client having difficulty with some interaction skills .

The Canadian Occupational Performance Measure (COPM):

to detect change in a client's self-perception of occupational performance over time. Follow the links below for further information about the COPM.

### **intervention process**

Assess client's level of disorientation to determine specific requirements for safety.

Skill training interventions:

Identify areas of skill deficit person is willing to work on.

### **determine the goals for the client (shortlong terms goals)**

first I will establish the goals together with hala

I will determine the goals from the deficit in her function , from observation during the activity , from the assessment , and the client can ask me about some ability that she want to return it .

Long term goal: to let her take much responsibility in the home , allow her go out alone without any danger to her , or her health or people . for example let her visit the hospital to see her doctor.

Let her work for example secretary as she trained in the past , or work in an office as she worked at age 21.

Let her feeling more confident in social situations , can be operationalised by identifying performance indicators

Short term: engaging in activity,

increased motivation, improved judgment, increased energy, ability to experience

pleasure and cognitive Function.

### **factors that affect or important in assisting the client to reach the goals:**

important factor:

the client : good response to the medication , the acceptance of his situation, less number and the range of episodes, if she like the activity . her tolerance and endurance during the activity , assessment and medication.

Environment : good interaction with his environment , feel some degree of safety in the therapy environment and in his living environment .

Factors that might affect the client's program:

Client : forget take the medication, she didn't like the activity or it is not suitable for her , there is no therapeutic relationship.,

Family members may require support as clients in their own right. They may also play a key role as an extension of the therapy team. Where children are

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involved, a careful assessment of child safety is required, generally by someone specifically trained in this area such as a child protection worker