

CASE STUDY#1 : SCHIZOPHRENIA

CASE STUDY: Leon is a 65 year old diagnosed with Paranoid Schizophrenia. He became ill when he was 19 years of age while he was a freshman in college. The next 16 years were characterized by frequent hospitalizations (an average of 3 times per year) some of them for as long as 6 months. He has been treated with all the traditional neuroleptic medications. Presently he is being managed with Prolixin 10 mg tid in addition to Prolixin Decanoate 25 mg IM every other week. Even with this medication regimen, Leon struggles with voices that berate him, tell him his life is worthless, and that certain individuals are "out to get him". Leon lives in an apartment building that has been designated as "Section Eight Housing" specifically for the mentally and psychiatrically impaired. There is a social worker available at all times. There are planned social events at the apartment house. In addition, there is a transportation van that takes residents to doctor's appointments and to the local shopping mall. Residents live as independently as they can manage. If they require assistance with cooking, they can join an "eating together" group for lunches and dinners. Cleaning assistance is also available on an as needed basis. Leon is very independent unless he is having trouble with "the voices". At these times (which occur on a regular basis) he avoids people, stays in his apartment, becomes very reclusive, eats little and neglects his hygiene. Leon's mother is very involved in his life and provides regular support. She called the local community mental health center where Leon receives treatment and expressed her concerns about her son. She told the doctor that Leon is "falling apart" and that he needs something else to help him besides what is currently being done. The psychiatrist referred Leon to the *Road to Wholeness* Program for an in-home assessment. The doctor told the intake nurse that he was afraid that Leon would totally decompensate; he ordered a complete assessment performed on Leon. He also indicated a desire to start Leon on Clozaril. He volunteered to come to the apartment to talk to Leon to explain about the risks of the drug and encourage Leon to consent to Clozaril treatment. The doctor wants a Psychiatric Nurse to ensure that Leon gets his blood drawn weekly for CBC's, that Leon takes his Clozaril, learns about his medication and its side effects and that the nurse evaluates Leon's response to the drug.

The nurse makes the initial visit with the psychiatrist who explains the benefits of Clozaril to Leon and obtains Leon's informed consent to take the medication. The nurse completes the OASIS assessment, plus the PHQ9 (score of 21), the SAD PERSONS scale and the BPRS (score of 80) before developing the plan of care. The nurse confirmed that Leon was not a suicide risk but was at very high risk for relapse. She used communication and interpersonal strategies to connect with Leon and provided him reassurance that she was in his home to help him remain well.

The following interventions were performed by the psychiatric nurse:

- Continued assessment of Leon's level of psychosis, his depression, and his risk for suicide and report findings to physician.
- Drew CBC level every week – results reviewed by physician and pharmacist to determine if it is safe to continue Clozaril.
- The nurse assessed for signs and symptoms of infection.
- Monitored Leon's vital signs every visit.
- Assessed nutritional intake.
- Taught Leon and his mother about paranoid schizophrenia using "What patients need to know....About Schizophrenia" teach patient regarding S/S; S/S reported to nurse/physician; lifestyle changes; complications/precautions; give patient written material.
- Instructed Leon about using "Atypical Anti-Psychotic Medication"; taught him regarding need to follow a written schedule, take ordered dose, purpose, action and side effects - extra focus on risk of agranulocytosis and need for weekly blood draws; management of side effects especially orthostatic B/P; what to do if dose missed; give patient written materials.

- Instructed Leon regarding components of a healthy diet; teach about value of a food diary; provide patient with written material.
- Assisted Leon to identify relative (other than mother), friends, and neighbors for support.
- Encouraged Leon to contact church and local mental health association.
- Instructed mother regarding appropriate ways to support and communicate with Leon.
- Instruct mother in ways to encourage/support Leon in post-discharge use of psychosocial center.
- Teach mother to avoid arguing with Leon over content of his delusions and hallucinations.
- Teach about dangers of using alcohol while taking Clozaril; teach that alcohol use is a dangerous way to quiet the "voices" that trouble Leon.
- Teach Leon beneficial effects of exercise and negative effects of doing nothing the whole day.
- Develop strategies of distraction to deal with Leon's fear of having weekly blood draws.
- Encourage Leon's expression of feelings regarding the impact that his disease has had on his life.
- Be available and empathetic as patient discusses feelings.
- Convey a supportive nonjudgmental attitude and presence and help Leon acknowledge the losses associated with his paranoid schizophrenia.
- Encourage Leon to resume Scripture reading which he previously engaged in and which gave him peace and comfort.
- Teach Leon about the health related benefits of spiritual well-being, prayer, and other spiritual rituals; encourage Leon to use.
- Teach his mother to support Leon's spiritual needs.
- Ask Leon if he would like you to contact the church where he is a member.
- Use "What Patients Need to Know.....About Spirituality and Health" (to be developed) - give Leon written teaching materials.
- Instruct and assess skills in feeding, and bathing/hygiene.
- Patient's skill in socially appropriate behavior will improve.
- Instruct and assess skill level in thought stopping techniques.
- Develop behavioral contract to interact with at least one person (in addition to health professionals) every day.
- Instruct in socially appropriate way of making friends and asking questions.
- Instruct in nonverbal behaviors so that Leon better able to interpret feelings of others.
- Instruct regarding skill of impulse control.
- Instruct regarding assertiveness rather than aggressive techniques.
- Assist mother to express her concerns, feelings, and questions.
- Leon demonstrates healthy coping skills; Use "Healthy Versus Unhealthy Coping Skills" teaching tool - leave written material with Leon.
- Instruct and assess Leon's skill in reframing negative thought patterns. Use "Cognitive Distortions Log" and "Affirmation Cards" in teaching.

CASE STUDY #2 : MAJOR DEPRESSION

CASE STUDY: Wanda is a 65 year old woman who was admitted to ROAD TO WHOLENESS PROGRAM in lieu of in-patient hospitalization. She was seen at the community mental health center and the physician noted that Wanda complained of inability to care for herself, her family, or to continue with outside employment. Wanda's 40 year old daughter, Lannie brought her mother to the center. Lannie expressed concern that her mother was sleeping all of the time, not eating, and stated that she wished God would just take her during her sleep. Because Wanda's suicidal ideation was passive in nature the psychiatrist decided that she could be managed with psychiatric home care. The doctor diagnosed Wanda with Major Depressive Disorder, Single Episode and ordered Zoloft 50 mg qd for one week, and increased to 100 mg qd thereafter. The psychiatrist asked the psychiatric nurse to assess Wanda and to establish an initial visit frequency of 3-4 times per week for at least three weeks.

Lannie stayed with her mother throughout the admission interview into the ROAD TO WHOLENESS PROGRAM. During the interview, the psychiatric nurse discovers that Wanda is the single mother of three children. Lannie is also a single mother of two children and is attending community college sharing the care of the two children with her mother. A son, James, is 23, works in a restaurant, and is also a part-time student. When Wanda speaks of her youngest son, Jesse, the nurse notices that tears begin to well up in her eyes. She shares that Jesse, who is 35, became involved in drugs and gang activity several years ago and is currently serving a 10 year prison term for possession of drugs and armed robbery. He was incarcerated six months ago, and Lannie tells the nurse that her mother hasn't been the same since. Lannie is concerned because her mother has lost interest even in her grandchildren and in going to church. Wanda tells you, "I know that God has left me; I am such a bad person- nothing I do is right."

The psychiatric nurse completes the OASIS, PHQ9 (which Wanda scores a 21 out of 27 placing her at moderate-severe level of depression) and the SAD PERSONS Suicide Assessment tools Wanda. The nurse finds that Wanda scores a "4" on the SAD PERSONS suicide risk scale which places her at moderate risk. The nurse used communication and interpersonal strategies to connect with Wanda and also Lannie. She provided them with reassurance that depression is a treatable illness and affirmed Wanda by telling her, "It seems to me from what Lannie says about you, that you are a very strong woman who has done an excellent job against some pretty difficult odds. I am confident that with your strength, your family's support, your medication, and my help that we will pull you through this." The nurse educated Lannie regarding what behaviors to be alert to that might indicate an increase in Wanda's suicidal thinking and also encouraged Lannie to call the home care agency if she had any concerns regarding her mother's safety.

Over the next 9 weeks the nurse monitored Wanda's level of depression as well as her suicidal risk with the goal of bringing both to a mild level of risk. The interventions used by the nurse supported by teaching tools within the ROAD TO WHOLENESS PROGRAM and the PERSISTENT SADNESS CAREGUIDE included:

- ^ Assess degree of depression and suicidal risk
- Assess food/fluid ingested and daily caloric intake.
- Instruct on "What patients need to know.....About Mood Disorders" teach patient regarding S/S of illness; what S/S reported to nurse/physician; lifestyle changes; complications/precautions; give patient written material.
- Teach about importance of maintaining a healthy diet;
- Using "SSRI Anti-depressant Medication" teaching tool, instruct patient regarding need to follow a written schedule, take ordered dose, purpose, action and side effects - with focus on the delay between taking medication and a sense of feeling better; what to do if dose missed.
- Teach patient regarding components of a healthy diet. Instruct about value of a food diary.

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Score
14

- Instruct Lannie, to call 911, on -call nurse and physician, to set up a checklist of important telephone numbers to call in an emergency.
- Teach daughter Lannie regarding need to removed harmful objects in the home that could be used to inflict self-harm. Review the precautions that she should take if her mother's verbalization of suicidal ideation changes to a more active and dangerous mode.
- Using "Support Support Network" identify support, in addition to daughter and son, who could help Wanda.
- Encourage Wanda to reach out to her church group for support.
- Provide information to Wanda and family regarding local support group for individuals and their families who are dealing with depression.
- Encourage Lannie to express feelings related to role reversal.
- Teach Lannie strategies to communicate with and to assist her mother to maintain structure in her day.
- Encourage Wanda to express her feelings regarding her youngest son's involvement in crime and his incarceration.
- Validate the normality of her feelings of loss and despair.
- Express empathy with patient's feelings; provide comforting presence and touch to convey supportive and nonjudgmental attitude.
- Help Lannie and other son to acknowledge their mother's sense of loss and grief.
- Provide reassurance and hopefulness that Wanda's depression will get better.
- Encourage Wanda to re-connect with her church and pastor and to begin to use the spiritual strategies of prayer and Bible reading that have always supported her.
- Encourage Wanda to discuss her feelings regarding God. Using "What Patients Need to Know.....About Spirituality and Health" communicate with Wanda and her family that spirituality is important; give Wanda written teaching materials.
- Develop a behavioral contract with Wanda to increase her activity level every day by at least 5 minutes.
- Demonstrate thought stopping techniques and positive affirmation techniques to deal with the persistent negative thoughts Wanda was experiencing. Use "Affirmation Cards".
- Encourage Wanda to sign a "no harm" contract.
- Using "Cognitive Distortions Log" instructs Wanda on reframing negative thought patterns.
- Instructed Wanda on relaxation exercises.
- Instructed Wanda on importance of maintaining hope.

What Are The **Features** Of Your Behavioral Health Home Health Program?

- A passionate and educated staff that meets and exceeds Medicare requirements
- Consistent protocols
- Use of standardized assessment tools
- Use of standardized teaching tools
- Use of standardized telephone assessment between visits to monitor patient condition between visits
- Evidence based practice
- Training manuals and other written guidelines
- CareGuides (Mini diagnosis specific guides that a standardized multidisciplinary approach)
- Clinical Supervision
- Ongoing Training

What are the **Benefits** of the Behavioral Health Program?

- A model of care that is multidisciplinary and provides a standardized and wholistic approach to care.
- Standardized assessment tools allows for a collaborative approach between the physician and home care provider.
- Decreases hospitalizations and rehospitalizations as well as emergency calls to physicians.
- Increases compliance with medication and medical follow-up allowing patient to remain at current level of care.
- Ongoing case management, communication and community linkages
- Provides a sense of confidence and security to physicians and other referrals sources that care initiated in one setting will be completed in the home.