NAME

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**Q1. During your interview with Angelo, you note that he is not forthcoming with personal information. What communication techniques would you use to obtain a clinical history.**

**INTRODUCTION:**

A clinical history is the information that is obtained from the patient about past events and circumstances to help in establishing a medical diagnosis so as to be able to develop a treatment plan. It could be an account of past diseases, injuries, and treatments of the patients as well as the medical facts (American nurse. 2020).

**BODY:**

Some of the communication techniques I would use to obtain a clinical history of Angelo may include:

**Offering myself**: This will help Angelo feel that I value him and that I am willing to give him time and attention he needs. By sitting with him for a while helps to boost his mood so that he can be free to talk about his clinical history. Angelo is a person who loses mood and therefore by sitting around with him and doing things together with him such as offering to watch a Tv show together encourages him to be cooperative.

**Observing with silence**: This technique is important so that I can allow Angelo to think through the process and give him time and space he needs in order to broach a new topic. I'll let him break the silence after a period when he is willing and feels that he is comfortable to talk (Schwartzberg, J. G., et al. 2017).

**Making observation**: By observing the behavior or appearance of Angelo would help in identifying the areas that might pose a problem for him. For instance, observing that he looks moody and may prompt Angelo to explain why he has lost interest in life and has been talking to himself. Therefore, making these observations may lead me to discover new symptoms from Angelo.

**Giving hope and humor**: Sharing hope to Angelo could help him in knowing that he can persevere through his current situation. By talking to him helps in lightening the moody situation and humor he has, thus encouraging him to talk. It helps me create a good report quickly, which can keep Angelo in a more positive state of mind as well as willing to talk (American nurse. 2020).

**Reflecting**: This is a nice technique to apply for Angelo who is not forthcoming. If Angelo asks for advice about a certain problem, I can reflect on his clinical history. I could ask him what he thinks he should do to change different situations. This in turn encourages Angelo to be accountable for his actions which in turn helps him to come up with different solutions by himself which could help in changing different things he could be passing through (Schwartzberg, J. G., et al. 2017).

**CONCLUSION:**

Making observation by observing the behavior of Angelo would help in identifying the areas that might pose a problem for him. Reflecting is a nice technique to apply for Angelo who is not forthcoming. If Angelo asks for advice about a certain problem, I can reflect on his clinical history which in turn encourages Angelo to be accountable for his actions.

**Q2. Some aspects of Angelo’s history are suggestive of psychosis. Define psychosis and explain the primary features of a psychotic presentation.**

**INTRODUCTION:**

Psychosis is defined as a condition in which the normal processing of information by the brain is affected. It is a serious mental disorder in which the relationship of the person with the reality is impaired. It is basically a symptom that portrays that a serious mental illness is present (Arciniegas, D. B. (2015). People suffering from such conditions may suffer from hallucinations and delusions.

**BODY:**

Psychosis usually don’t start suddenly; it follows a series of events.

**Warning signs of psychosis:**

The warning signs of psychosis includes changes in the lifestyle of a person.

* Decrease performance of the person in his work place.
* Difficulty in concentrating and thinking properly.
* A feeling of uneasiness in the crowd.
* Improper self or hygiene care.
* Staying more alone than usual.
* Increase emotional disturbances.
* Lack of emotions (Zanelli, J., et al, 2010).

**Early signs of psychosis:**

Early signs of psychosis include unusual changes in the normal life of a person.

* The person visualizes, hear and taste such things that doesn’t exist.
* The person may experience unusual thoughts and beliefs that are different from reality.
* The person starts to remain stay away from the family members.
* The person stops taking care of the self and hygiene.
* The person suffering from such condition can’t be able to pay attention to any task given to him (Arciniegas, D. B. (2015).

**Clinical features of psychotic presentation:**

In addition to all the above-mentioned symptoms person may also feel hallucinations and delusions.

**HALUCINATIONS:**

Hallucinations feel by a person during the condition of psychosis can be visual, tactile and auditory.

**Visual Hallucinations:** Person sees such individuals and creatures that do not exist in reality.

**Tactile Hallucinations:** Person feels very strong sensations.

**Auditory Hallucinations:** Person hear abnormal sounds that doesn’t exist.

**DELUSIONS:**

Person in such situations may have very strong beliefs that are inconsistent with the culture of the person. He may feel the presence of some external force that is controlling his or her body. He may also think that he has some special powers through which he can control the world (Zanelli, J., et al, 2010).

**CONCLUSION:**

The warning signs of psychosis includes changes in the lifestyle of a person. Early signs of psychosis include unusual changes in the normal life of a person. In addition to all the above-mentioned symptoms person may also feel hallucinations and delusions. Hallucinations feel by a person during the condition of psychosis can be visual, tactile and auditory. Person sees such individuals and creatures that do not exist in reality. Person feels very strong sensations. Persons in such situations may have very strong beliefs that are inconsistent with the culture of the person.

**Q3. A provisional diagnosis of schizophrenia is made, and Angelo is admitted to the mental health unit for observation and further assessment. Explain the concept of positive and negative symptoms in schizophrenia and the implications for treatment.**

**INTRODUCTION:**

Schizophrenia is characterized as a condition in which there is abnormal perception of the reality. It causes a variety of symptoms including hallucinations, delusions and abnormal thinking and behavior that impairs and disables the normal functioning of the body.

**BODY:**

**Negative symptoms in the case:**

**In schizophrenic patients there are variety of negative symptoms faced by a person.**

**A sociality** – Angelo has withdrawn himself from the society.

**Anhedonia** – He seems to have lost interest in life.

**Alogia** – He feels uncommunicative and doesn’t want to communicate with others.

**Positive symptoms in the case:**

**Delusions** - "thoughts being controlled by energy waves emitted by the television"

**Hallucinations** - "talking to himself".

Here is the technique to identify if it is positive or negative:

**Positive symptoms** are symptoms that were ADDED in the patient, which was NOT supposed to be present in normal people.

**Example:**

The patients of schizophrenia may present with the following symptoms

* Delusions
* Hallucinations
* Illusion
* Looseness of association
* Aggressiveness or agitation
* Anxiety
* Ambivalence (Esterberg, M. L., et al. 2010).

**Negative symptoms** are symptoms that were lost in the patient, which was supposed to be PRESENT in normal people.

**Example:**

Apathy

Anhedonia

Alogia

Avolition

Anergia

A sociality

Catatonic (Marder & Galderisi. 2017).

**Treatment:**

**There are diverse causes of schizophrenia which cannot be fully understood but apart from understanding the cause it is important to look forward for the treatment options available for the patient** **(**Elis, O., et al, 2013). **There are several treatments, the most benefitted treatments are**

**Anti-psychotic medications:**

The medications help in the reduction of symptoms by decreasing the intensity and frequency of the condition. These medications are taken daily in required amounts depending upon the condition of the patient.

**Social support:**

In addition to the medications, psychosocial treatment is very important which usually includes cognitive behavioral therapy, training of the behavioral skills, supported employment, and cognitive remediation interventions. Antipsychotic medications and a combination of behavioral therapies help in the management of schizophrenia (Fusar-Poli, P., et al, 2015).

**Electroconvulsive therapy:**

This type of treatment is used for patients having severe depression and bipolar disorders **(**Elis, O., et al, 2013).

**CONCLUSION:**

It causes a variety of symptoms including hallucinations, delusions and abnormal thinking and behavior that impairs and disables the normal functioning of the body. In schizophrenic patients there are variety of negative symptoms faced by a person. The patients of schizophrenia may present with the following symptoms. The medications help in the reduction of symptoms by decreasing the intensity and frequency of the condition. In addition to the medications, psychosocial treatment is very important which usually includes cognitive behavioral therapy, training of the behavioral skills, supported employment, and cognitive remediation interventions.

**Q4. Explain the potential role of neurotransmitters in the development of schizophrenia**.

**INTRODUCTION:**

Schizophrenia is characterized as a dysfunction that covers multiple circuits and systems of neurotransmitters. Many biochemical changes occur in case of schizophrenia which suggests the dysfunction of neurotransmitter in different systems, the most dominating includes dopamine, serotonin, glutamate and y-aminobutyric acid (GABA) (Howes, O. D., et al, 2017). In schizophrenia, abnormalities of dopaminergic system exist. A neurotransmitter has the ability to carry, boosts, and balance the signals between the neurons and cells that are targeted throughout the body. These target cells are considered to be present in the glands, muscles, and neurons.

**BODY:**

Hypodopaminergic activity in the meso-cortical system, that often leads to negative symptoms, and hyperdopaminergic activity in the mesolimbic system, that results in the positive symptoms, usually coexist. Abnormalities of the dopaminergic system are thought to exist in schizophrenia because it the system that is most commonly affected during such condition (Koola, M. M., et al, 2014). The major focus of most researchers is on the N -methyl-D-aspartate (NMDA) which is a subclass of glutamate receptors because NMDA antagonists, such as phencyclidine and ketamine, can lead to psychological symptoms in healthy subjects. Some researchers consider schizophrenia, in large part, a hypo-glutamatergic disorder. The first ever drug used as antipsychotic and is effective includes chlorpromazine and reserpine, though they are different but they have similar antidopaminergic properties. Drugs most commonly used for the diminishing of mesolimbic dopamine D2 neurons are antipsychotic drugs (Yang & Tsai. 2017).

**CONCLUSION:**

Many biochemical changes occur in case of schizophrenia which suggests the dysfunction of neurotransmitter in different systems, the most dominating includes dopamine, serotonin, glutamate and y-aminobutyric acid. In schizophrenia, abnormalities of dopaminergic system exist. A neurotransmitter has the ability to carry, boosts, and balance the signals between the neurons and cells that are targeted throughout the body. These target cells are considered to be present in the glands, muscles, and neurons. Abnormalities of the dopaminergic system are thought to exist in schizophrenia because it the system that is most commonly affected during such condition. The major focus of most researchers is on the N -methyl-D-aspartate (NMDA) which is a subclass of glutamate receptors because NMDA antagonists, such as phencyclidine and ketamine, can lead to psychological symptoms in healthy subjects. Some researchers consider schizophrenia, in large part, a hypo-glutamatergic disorder. The first ever drug used as antipsychotic and is effective includes chlorpromazine and reserpine, though they are different but they have similar antidopaminergic properties. Drugs most commonly used for the diminishing of mesolimbic dopamine D2 neurons are antipsychotic drugs.

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