**Discussion 1 - Case Study: Dissociative Disorder**

**Response:**

I agree with the information you have provided. When a client has dissociative identity disorder, he has two or more different identities or personality states that take control of his actions regularly and are accompanied by an inability to recall important personal information. (Videbeck, 2019). Dissociation occurs to alleviate the client's subjective distress and shield his emotional self from recognizing the unpleasant experience which is done by allowing the mind to forget or detach himself from the painful situation (Wheeler, 2020). Although there is no pharmacological treatment for this illness, anti-anxiety or anti-depressants may be prescribed to help with associated symptoms like anxiety or depression (American Psychiatric Association, n.d.). Generally, individuals suffering from mental disorders are advised to seek psychotherapy. There are different types of psychotherapy and utilization of one depends on the case of the patient. In Mike’s case, the type of psychotherapy that is best to use is hypnotherapy because this will enable the integration of all the personalities (Videbeck, 2019). To add to your information, there are nursing interventions that can be implemented. Such as helping the client cope with stress and emotions by using grounding strategies to reassure a client who is dissociating or having flashbacks that he is safe and in the present; Validate the client's fear, but aim to increase the client's contact with reality; teach deep breathing and relaxation techniques. Moreover, helping promote the client’s self-esteem by referring to the client as a survivor rather than a victim; establishing social support within the community; putting together a list of individuals and events in the community that the client can contact if he needs assistance.

References:

American Psychiatric Association. (n.d.). *What Are Dissociative Disorders?* Retrieved August 4, 2021, from https://www.psychiatry.org/patients-families/dissociative-disorders/what-are-dissociative-disorders

Wheeler, K. (2020). *Psychotherapy for the Advanced Practice Psychiatric Nurse: A How-To Guide for Evidence-Based Practice* (3rd ed.). Springer Publishing Company, 2020.

Videbeck, S. (2019). Psychiatric-Mental Health Nursing (8th Edition). Wolters Kluwer Health.

**Discussion 2 - Case Study: Major Depressive Disorder**

**Response**:

Thank you for the insightful information you have provided. I agree because the manifestations of a depressed mood are severe and last for at least two weeks. The Diagnostic and Statistical Manual of Mental Disorders (DSM) 5th edition states that major depressive disorder typically involves 2 weeks or more of a sad mood or lack of interest in life activities, with at least four other symptoms of depression such as significant unintentional changes in weight, sleep disturbance, psychomotor changes (agitation or retardation), tiredness, fatigue, sense of worthlessness, guilt, and recurrent thoughts of death or suicidal ideation. In the case of Miss K.M, she experienced sadness, hopelessness, restlessness accompanied with anxiety, feelings of guilt and worthless, easily agitated, and suicidal attempts a long time ago. Additionally, her mood disorder causes her to exhibit impaired ability to think or concentrate thus cause significant distress or impairment in social and occupational areas of her life.

Cyclic antidepressants, monoamine oxidase inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), and atypical antidepressants are among the major categories of antidepressants. According to Weir (2019), second-generation antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors, are recommended for the initial treatment of depression in adults (SNRIs). The most effective treatment for depressive disorders in both children and adults is a combination of psychotherapy and medication (Mullen, 2018, as cited in Videbeck, 2019). There is no single strategy of therapy that is more effective in treating depression. Symptom remission, psychosocial restoration, avoidance of relapse or recurrence, reduced secondary effects such as occupational challenges, and improved treatment compliance are all goals of combination therapy. Nursing interventions for the patient include spending nondemanding time with the patient to begin a therapeutic relationship; promoting the completion of activities of daily living by assisting her only as needed; promoting sleep and rest; engaging her in activities; encouraging her to verbalize and describe emotions; working with her to manage medications and side effects. It is also critical to provide patient and family education such as teaching about the illness of depression; early signs of relapse; discussing the importance of support groups and assisting in the identification of resources; teaching the patient and family about the benefits of therapy and follow-up appointments (Videbeck, 2019).

References:

Videbeck, S. (2019). Psychiatric-Mental Health Nursing (8th Edition). Wolters Kluwer Health.

Weir, K. (2019, September 1). *APA offers new guidance for treating depression*. American Psychological Association. https://www.apa.org/monitor/2019/09/ce-corner-depression

**Discussion 3 - Case Study: Schizophrenia**

**Response**:

What a great perspective you have given about Schizophrenia. The key clinical symptoms of schizophrenia include delusion, hallucination, and disorganized cognition, speech, and behavior, which result in a deterioration of the individual's personality. All three of these factors contribute to an incapacity to relate to or communicate with others (Videbeck, 2019). In schizophrenia, there are two categories of symptoms: positive and negative. Positive symptoms include delusions, hallucinations, and severely disordered thought, speech, and behavior. On the other hand, negative symptoms include flat affect, lack of volition, and social disengagement or discomfort. Auditory hallucinations are the most common symptom and type of hallucination in schizophrenia. This type frequently has command voices that pose a threat to the client's or others' safety (Videbeck, 2019).

The primary medical treatment for schizophrenia is psychopharmacology. Antipsychotic medications, also known as **neuroleptics**, are the most commonly prescribed for schizophrenia. These medications are only capable of eliminating the positive symptoms of schizophrenia, but in the long run, can indirectly affect negative symptoms. In addition to pharmacologic treatment, many other modes of treatment can help the person with schizophrenia manage negative symptoms. Individual and group therapy sessions are frequently helpful, allowing the client to engage in social interaction and form meaningful relationships with others. Clients with schizophrenia have benefited from groups that focus on issues such as medication management, community resources, and family concerns (Schaub, Hippius, Moller, & Falkai, 2016, as cited in Videbeck, 2019).

When looking for signs of schizophrenia, it's crucial to be aware of cultural differences because other cultures may embrace ideas that are considered irrational in one society, such as beliefs in sorcery or witchcraft (Videbeck, 2019). The way a person responds to psychiatric drugs may also be influenced by ethnicity. This variation in response is most likely due to the individual's genetic composition. Some persons metabolize medications more slowly than others, resulting in higher drug levels in the bloodstream than anticipated. Standard medication doses were not leading to therapeutic levels in Black ethnicity because the Black ethnicity has a factor associated with low plasma levels (McCutcheon, 2018, as cited in Videbeck, 2019). Thus, in those with subtherapeutic plasma levels and poor treatment response, adjusting doses or switching antipsychotic medications may be necessary.

In conclusion, schizophrenia symptoms can be lessened with medication, psychosocial rehabilitation, and family support. People with schizophrenia should seek treatment as soon as symptoms appear since early discovery can help to lessen the severity of their symptoms. Recovery from schizophrenia takes time and involves several aspects such as self-learning, peer support, work, as well as finding the correct supports and treatment (National Alliance on Mental Illness, n.d.).

References:

National Alliance on Mental Illness. (n.d.). *What is Schizophrenia? | NAMI: National Alliance on Mental Illness*. Retrieved August 5, 2021, from https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizophrenia/Treatment

Videbeck, S. (2019). Psychiatric-Mental Health Nursing (8th Edition). Wolters Kluwer Health.