Case Study Methodology:
Problem Classification for Adult with Schizophrenia

Elaine H Darst, PhD, RN
Nicole Gapp, BSN, RN
Karen Monsen, PhD, RN, FAAN

Case Study
Complex Factors and Interactions

Mental Health

Problem: schizophrenia
Knowledge - 2
- does not identify self as having a mental illness, but is discussing
  schizophrenia

Behavior - 4
- takes medications as prescribed because "I have to take them to live
  here" (supervised setting)

Status - 2
- Paranoia ongoing
- Psychotic symptoms at a stable level
- Executive functioning (initiative, planning) impaired

• Knowledge - 2
  • does not identify self as having a mental illness, but is discussing
  • schizophrenia

• Behavior - 4
  • takes medications as prescribed because "I have to take them to live
    here" (supervised setting)

• Status - 2
  • Paranoia ongoing
  • Psychotic symptoms at a stable level
  • Executive functioning (initiative, planning) impaired
Cognition

K – 2  Needs external reminders/management regarding personal and room hygiene
B – 3  Reminders by support system (HHA) to shower/change clothes
S – 3  Cognitive deficits in executive functioning (memory, initiative; follow-through, but normal intelligence)

Income

K – 3, B – 2, S - 5
K – 3 (Basic), client requires use of payee
B – 2  Behavior is rarely appropriate regarding overall financial management, but he tries to use his allowance carefully
S – 5  In contrast, status is rated 5. No issues are present, so the structure is working.

Abuse

K – 2, B – 3, S - 5
Minimal knowledge about self & other protection
Basic ability for self-protection
Status - no problems at this time. Has been assaultive in past when paranoid
Interpersonal Relationship

K – 3, B – 3, S – 4
K - basic knowledge about relationship maintenance
B - sometimes inappropriate suspiciousness and interpersonal withdrawal
S - minimal symptoms – the environment provides daily social opportunities and support, as well as help with interpersonal conflict

Environmental Support provides

- Mental Health management – medication compliance
- Stability in Interpersonal Support & contact with others
- Structure to support executive functioning
- Protection from abuse due to accessible support
- Prevention of aggression through mental health management

Case Conclusion

This patient

- Takes medications as prescribed although not able to recognize illness
- Keeps appointments although not able to plan and execute plans
- Works on managing self-care

Conclusion:
The environment/setting provides supports that accommodates deficits, so the client is functional.
Complex Data is Distilled for Decision Making

The Omaha system was used to distill complex information into meaningful problem categories and KBS ratings. Contrasting KBS ratings clarified the contribution of the environment to the client’s abilities.

Significant decisions, such as the optimal living situation or discharge planning from acute care, can be more effectively implemented.