PHILIPPINE NURSES ASSOCIATION, INC.

Case Study

The Champion: Conquering the Challenges of Bipolar Disorders[1]

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Bipolar Disorder has been one of the leading psychiatric conditions here in the Philippines. . It is characterized by mood swings from profound depression to extreme euphoria (mania), with intervening period of normal mood (euthymia). The frequency, duration, and severity of manic and/or depressive episodes varies and is unique to each individual (Haber, 1997). In general, there are five in every 100 Filipinos who are suffering from some form of depression, and other may have a different reaction such as hyperactivity or swinging from depression to euphoria, unable to function normally, and in real danger of hurting themselves and others. Sadly, many of those with bipolar illness are left undiagnosed and, consequently, untreated. This case study presents how nurses play a role in helping patients overcome the challenges of having a psychiatric illness particularly those with Bipolar Disorder.

Client Profile

Client JCR is a 31 year old Filipino male who lives in Antipolo City. This patient was diagnosed with Bipolar Disorder in 2013 when he started to manifest with depressive behaviors because his father and friends rejected him for his expression of homosexuality. These depressive behaviors alternated with elation, hyperactivity, irritability, and grandiose behaviors. His first admission in a psychiatric facility was when he drank a glass of Monosodium Glutamate out of his depression. He did not experience any untoward physical symptom after the incident but he was brought to the hospital due to the behavioral changes. He was then started on unrecalled medications and the symptoms resolved after a week but the patient was no longer able to go back to work. He stayed at home for several years and the symptoms would recur warranting admission to different psychiatric institutions. Due to financial constraints, the patient's family consulted at Philippine General Hospital in 2012. He was admitted at Ward 7 when the same symptoms recurred after he stopped his medications and resorted to herbal pills. At this time, he was started on Clozapine and Divalproex Sodium as maintenance medications. He was discharged improved after a month and was again functional at home.

Four months prior to admission, the patient became active in a religious organization where one member told him to stop taking his medications believing that only faith will heal him. The patient stopped his medications and after several weeks, his symptoms recurred. He was noted to have decreased need for sleep and frequent anger outbursts. He was disruptive and incessantly talks about irrelevant and unrealistic things. During the Holy Week, he went on a station of the cross around their village and even invited strangers to eat in their house. He would roam around their neighborhood at night and would not

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sleep. He strongly refused to take his medications and would always start a fight whenever being reprimanded for his activities. Because of this, he was brought to PGH-OPD for consult and was advised readmission to Ward 7.

On the initial mental status examination, the patient looked kempt and well-groomed and was wearing sleeveless shirt, shorts, and slippers that were appropriate for his age and sex. He had poor concentration and easily gets distracted with the environment. He was hyperactive as he paces and roams around the ward and he refused to stay on his bed. He is cooperative while talking with the nurses but tends to be manipulative when the topic was about his hospitalization. He demanded a lot of things about his stay in the hospital and threatened to sue the staff for not giving his needs adequately. He became irritable and argumentative every time his father joins the conversation. He was able to maintain good eye contact. He had loud and pressured speech of normal quality but speaks mostly in English. His mood was manic and his affect was appropriate. In terms of his thought process, he denied presence of any form of hallucination. His responses were relevant to the question asked but he tend to have a loosening of association and flight of ideas when narrating events. He had delusions of grandeur as he claimed that he is a certain celebrity and that he is the most intelligent when he graduated from many universities. He also had bizarre delusions about “Ina Magenta” and other fictitious characters which he claimed to come into his life. He was also preoccupied about religious teachings. He denied presence of suicidal ideations. He would verbally threaten to harm people but no attempt was done. In terms of insight about his illness, he knew that he has Bipolar Disorder but denied that he needs admission and medications. He made confabulations about the events that transpired prior to his hospitalization. His judgment for real life situation was also impaired.

With all the abovementioned symptoms, the question now is how did all these symptoms come about? Bipolar disorder as defined by biological theories is an imbalance of dopamine and norepinephrine in the brain wherein an excess would lead to mania and a deficiency would lead to depression. (Townsend, 2008) However, in dealing with maladaptive behaviors, we also have to look on psychosocial or environmental factors that may have brought about such behaviors and symptoms as basis for our interventions. Figure 1 *(page 70)* explains the psychodynamic paradigm of the patient's maladaptive behaviors.

The nursing care for this patient is focused on three major problems including Disturbed Thought Process related to unresolved intrapsychic conflicts; Defensive Coping related to fear of rejection; and Chronic Low Self Esteem related to perceived lack of affection and acceptance from others. (Fortinash, 2003)

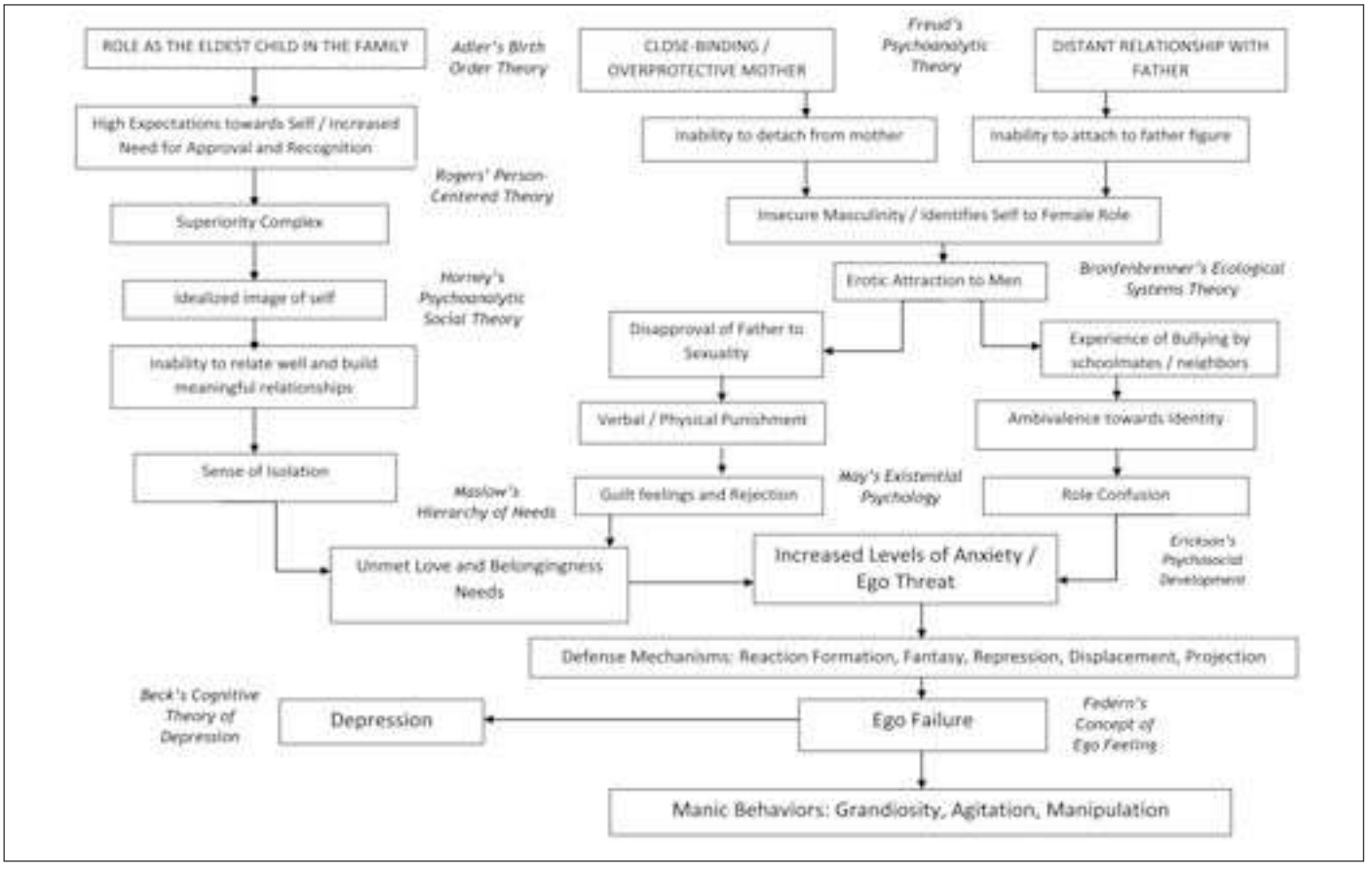
NURSING INTERVENTIONS

In addressing these problems, the nurse utilized the nurse-patient interaction as the main tool in providing interventions. Through this, the nurse was able to address physical needs, teach necessary knowledge and skills, provide support, and assist the patient towards change. (Townsend, 2008) For this patient, the objectives of the interaction were directed towards reality orientation, management of delusions, improvement of judgment and insight, effective communication, self awareness and improvement of self-concept, and development of adaptive coping skills. The nurse-patient interaction was conducted daily while the patient was admitted to monitor the patient's progress. The objectives of each interaction depend on the patient's needs as well as his readiness for interventions.

Art therapy was also utilized as an effective intervention for this patient. It utilized the creative process of art making to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. One example of an activity done for this patient was the Draw a Person Test which was used for self-expression and personality analysis. Outputs of this patient reflected that he was seriously disturbed and had poor self-concept. The fact that the patient drew the opposite sex first described strong attachment or dependency on parent of opposite sex and possible sexual identification conflict, which the patient really experienced. The big head on his drawing was interpreted as preoccupation with fantasy or the person wished he was smarter or better able to achieve. His drawing also showed high standard for achievement, expansive and grandiose tendencies, feelings of inadequacy, emotional tendencies, and femininity. (Moschini, 2005)

Another nursing intervention provided is the promotion of his involvement in group activities. These activities included Patient Government Meetings to facilitate self determination and decision making,

Figure1. PSYCHODYNAMIC PARADIGM



communication skills training to improve relationships with people, self-awareness activities, stress management, and recreational activities. The patient was also involved in Psycho-education Sessions on Bipolar Disorder and its management, Relaxation Techniques, and Coping Strategies.

FAMILY THERAPY

Emotional symptoms or problems of an individual may also be an expression of problems in the family. According to Goldenberg (1996), individual behavior is better understood as occurring within a family social system wherein the identified patient is viewed as merely a representative of a system in disequilibrium. Therefore, the family can be viewed as a unit of treatment. More importantly, the family, as the basic unit of the society, was considered a significant part of the patient's coping and recovery. Filipinos highly value the presence, love, acceptance and support of the family more than anything. So, on this particular case, it was deemed necessary to conduct family education and family therapy sessions in order to address the patients conflicting relationship with father and to strengthen family involvement in the care of the client. The family underwent five (5) family therapy sessions. On their initial session, each member of the family was able to express their needs with regards to the care of the client. Trust and rapport was established between the nurse therapist and the family members. The present role and relationship patterns were determined as well as the aspects of care that needs to be strengthened and improved. The goal for the whole family therapy session was established which is to resolve relational conflicts within the family, to engage all the family members in the treatment regimen and to promote open communication within the family. During the succeeding sessions, the family was able to discuss issues concerning the psychiatric illness and treatment regimen of client JCR. The family was also able to enumerate symptoms of bipolar disorder and ways to deal with manipulative and disruptive behaviors. They were able to discuss most of the guide pointers for caregivers of people with mental illness and also expressed the importance of their involvement in the

decision making process especially those that are related to the management of illness. They explored ways of dealing with family issues and problems with focus on increasing effective communication and were able to determine each family member's strengths and weaknesses with regards to effectively communicating feelings towards client and with other family members. On the last family therapy session with the family, each member was able to set realistic personal and family goals for the next five years. They were able to identify the modifications needed on the family's present treatment approach on the client's illness and they agreed to help and support one another in overcoming their personal and family concerns specially those challenges related to the client's condition.

EVALUATION

After the nursing interventions, the patient demonstrated ability to execute complex mental processes as evidenced by the ability to communicate clearly with others, comprehend the meaning of daily situations appropriately and make appropriate decisions when given hypothetical situations. He was able to recognize changes in behavior and thinking by identification of delusional thoughts from reality and verbalization of understanding of causative factors/stressors related to illness. He also demonstrated behaviors and lifestyle changes to prevent or minimize changes in mentation by ignoring delusional thoughts and asking significant others for validation of reality. During the later part of his admission, the client displayed absence of delusions during nurse-patient interactions. Moreover, he expressed feelings of being in control over concerns regarding homosexuality and family issues. He demonstrated an increased level of emotional responsiveness by attempts to avoid unduly stressful situations and practice of deep breathing exercises whenever necessary. The client was able to utilize appropriate, constructive, and effective coping strategies while in the ward. He discussed coping strategies that he has practiced in the past, identified effective coping strategies appropriate to present problems and verbalized a feeling of increased psychological comfort. Consequently, the patient expressed positive feelings about self and what he can do despite his homosexuality. He was able to enumerate his strengths and weaknesses and verbalized presence and acceptance of self limitations. He demonstrated behaviors congruent with increased self esteem by avoidance of negative self-statements and validation of thoughts from others. He also verbalized willingness to call on his parents and siblings for help and was able to settle conflicting relationship with father. Lastly, he was able discuss ways to promote effective communication within the family and recognized the value of the support given by family members on conquering his mental illness.

INSIGHTS

It was such a humbling experience for us, the psychiatric nurses, to be able to care for our patient and invite him to be part of our case presentation. Even though we provided psychiatric nursing care to this patient, we think that we have gained more from the client and his family. We have considered our client a CHAMPION for we have witnessed how he became empowered and tried his best to overcome Bipolar Disorder. We consider the family as CHAMPIONS for they have chosen not to give up on the patient but instead, they have showered him with more love, forgiveness and acceptance. Moreover, they became actively involved in the care for the patient. And lastly, we consider ourselves, the psychiatric nurses as CHAMPIONS because of the appreciation by the client and his family for the nursing care given. This gave us more than enough reason to be grateful for all that we have shared and learned from this case presentation. Life is indeed a wonderful journey to take despite the trials and difficulties so in whatever path that we have to face as nurses, we must claim ourselves to be **CHAMPIONS**, giving out our best for our patients, not giving up and moving forward as stronger and better individuals.

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