

## Case Study Methodology: Problem Classification for Adult with Schizophrenia

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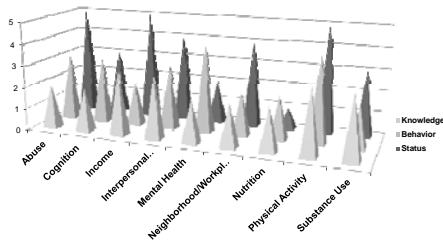
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## Case Study Complex Factors and Interactions



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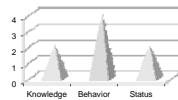
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## Mental Health



Problem: schizophrenia

Knowledge - 2

- does not identify self as having a mental illness, but is discussing schizophrenia with a support person

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

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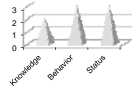
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**Cognition**



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)

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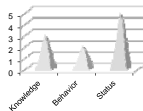
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**Income**



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.

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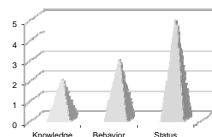
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**Abuse**



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

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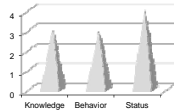
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**Interpersonal Relationship**



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

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**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

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**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.

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**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.

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