

Schizophrenia Activity

Psychiatric Nursing 2024

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Chapter objectives:

1. Discuss conceptualization of schizophrenia and other psychotic disorders. (1,2)
2. Identify symptomatology associated with these disorders and use this information in patient assessment. (1,7)
3. Describe relevant criteria for evaluating nursing care of patients with schizophrenia and other psychotic disorders. (1,2,7)
4. Describe appropriate nursing interventions for behaviors associated with schizophrenia. (1,6,7)

*Course Objectives

Directions:

Please complete the following activity and turn it into the appropriate dropbox on Edvance360. This assignment is due at **0800 on Monday, June 24th**.

This reflection assignment should be a minimum of 500 words and is worth 1 hour of online content. In order to receive full credit for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed theory time and must be made up.

The activity is an audio representation of auditory hallucinations to obtain a greater appreciation for patients who experience these false sensory perceptions on a regular basis. To truly appreciate and understand the video clip, please use ear buds or headphones for this activity and listen to the YouTube clip that is posted below. The clip is 3:38 minutes in length; try to listen as long as you can. The sounds may be distressing to you, so if you choose not to listen at all or only for a brief moment, that is fine but, after you listen you will have a greater understanding of what patients with auditory hallucinations experience.

While you are listening, try to complete the word search that is provided (see next page). The goal is to attempt to perform other tasks while the “voices in your head” are speaking to you. You are not expected to submit the word search; but please answer the following questions in reflection of the activity.

<https://www.youtube.com/watch?v=0vvU-Ajwbok>

1. Discuss your feelings while listening to the video. How did it impact your focus on the activity? Were you distracted?

Overall, I would say listening to the video affected me before I started the activity and at the beginning of the activity. Once I got into the word search it was easier to do because I could block out the voices in my earbud. I would say it was very easy to block out the voices for this situation because I normally use white noise or music when I get work done just because with ADHD it's hard to concentrate in full silence. Occasionally I was distracted because I could not always tell what the voices were saying and try to depict it.

2. What did you hear? Was there more than one voice? Was it loud or quiet? What was being said?

While working I remember depicting things like dogs barking, voices saying, "you're stupid," "no, don't touch that," "they're staring at you, look away, look away, look away, now," "you can't possibly do that, "this is a factorial test," and other things that I couldn't grasp. There was occasionally more than one voice at once and those moments were very difficult to ignore. Some of the voices were louder than others and some were just mere incoherent whispers. None of it was fully understandable or coherent with each other, it would switch often so when I got use to one voice others would join and it seemed like a constant cycle of attempting to fight it mentally.

3. How long were you able to listen to the video while completing the word search? Why did you stop listening?

I listened to the whole thing. I was a little creeped out at first but once I got to the end, I didn't realize it was over until the next video started playing. I thought about going back to some parts to depict what they were saying but realized this would dissolve the intention of the simulation because patients with schizophrenia live in the unknown and can't go back to understand incoherent things. Some of the video was definitely more shocking than others. For example, when I heard the first dog bark I looked up because I thought it was my own and was immensely disappointed. I could only imagine the constant disappointment or betrayal a patient with schizophrenia feels if they think they hear something familiar but look up to see nothing.

4. How does this change how you will care for a schizophrenic patient?

Overall, I will be more attentive to my schizophrenic patient. I will be more patient if they don't understand something the first time, provide readable explanations, face them and make eye contact when I talk to them, keep a calm demeanor, and try to not speak too loud or soft when I talk. These changes could help the schizophrenic patient know that I am talking to them and know that my voice isn't just one they hear. They need someone who is willing to be patient and explain things in simple terms because they already have so much going on that it seems they could easily become overwhelmed or overstimulated. Having a physical copy of any education would be very useful because then they have something to reference if they get confused or think they imagined something. Being understanding would also be very important because it's very easy to take our health for granted and dismiss someone for not paying attention when really they have other things going on.

5. Discuss how your communication or attitudes will change towards a schizophrenic patient after this activity.

I think that schizophrenic patients are dismissed too easily after listening to the video. They get reprimanded for “not listening” or being “disrespectful” for staring or not making eye contact but it’s just difficult for them. They might not know who is talking to them depending on what type of voices they hear and they may experience visual disturbances that make them question whether you are real or not; therefore, they stare and try to point out any indication that you’re real. I never fully understood schizophrenia before but I hear a lot of people call patients with it “crazy,” and I find that highly offensive. Schizophrenia isn’t something someone can choose to have much like other mental illnesses and it’s not fair that they get treated as less than for something they have no control over.