

1(a)

Marked feedback on assignment 2 – Case Study Scenario. (19/45 failed)

- 1- ...of a... (page 2)
- 2- make clear what particular insight got derived from the reference (page 2)
- 3- this is important too, but when you do not target the administration of Risperdal then the likelihood of improving sexual functioning will be limited. (page 3)
- 4- stick to a third person writing style. (page 4)
- 5- an exercise physiologist...? (page 4)
- 6- why not considering a community support group that could help Anton getting his life back on track in terms of employment or education? (page 5)
- 7- I would not call this a "disease"; "disorder" would be a better fit (page 5)
- 8- Disorder (page 5)
- 9- argue that this most likely relates to her disordered eating behaviours (page 6)
- 10- so how much does she weight now, and what is her BMI? (page 6)
- 11- which could be caused by her methamphetamine use (page 6)
- 12- this indeed seems a good fit for Cat (page 6)
- 13- focus on how the immediate physical health issues first. (page 6)
- 14- third person required (page 8)

Overall Comment

It is evident that you invested time and energy in this final work, unfortunately, it can't be awarded with a Pass;

feedback below should make clear why that's the case.

The assignment starts with the case study of Anton. The issues where Anton are presenting with are first addressed. Unfortunately, **this reads too much like an iteration of the case scenario from the Assessment Guide. It is also really short in light of the 30% weight that is attached to the first assessment task.** You should have focussed on the main physical health issue that is present in Anton's case -- the risk of developing metabolic syndrome -- and how the other issues are impacting on this; one of the most important is the use of Risperdal, **so we wanted you to think carefully about the impact of this antipsychotic on the risk of developing metabolic syndrome as well as its effect on potency.**

16

You make a strong plea in the care plan for the need of optimising physical exercise and healthy nutrition. The directions that are shared here are sound and supported by evidence from the literature. **What is missing here, however, is a discussion on how these would precisely halt the development of metabolic syndrome.** Similar to the first section, there is no reflection here on what should be done with the administration of Risperdal; should this antipsychotic be continued, or should we stop it or lower its dose, or consider a different antipsychotic, so that the risk of metabolic syndrome would be mitigated and Anton not any longer experiences impotency...?

A referral to an exercise therapist and a dietician would indeed benefit Anton's physical health, as well as a sexual therapist to optimise his sexual life. **However, again nothing is considered here regarding the use of Risperdal and which professional consequently should become involved.**

Anton would indeed benefit from support to get over his cannabis use. But just one support group for this suffices, so why not considering as a second support group one that could help Anton getting his life back on track in terms of employment or education?

The outcome scenario provides some idea what could happen to Anton in case his care plan would be adequately implemented.

Second reviewer's comment;

As this whole unit has been on physical health of people with a mental illness, we expected that you would have a primary focus on the physical health issues where the people in the case studies present with. In the case of Cat that was her disordered eating behaviours. The first section should have revolved around that: what underlies these behaviours and how are the other health issues impacting upon. Vital in this case was giving insight regarding weight and BMI: how much does Cat weight now, what is her BMI, and what does this BMI tell us (a little over 17, meaning that she is in the category of 'moderately underweight' and that therefore treatment in the community should be favoured over hospitalisation).

In light of the purpose of this assignment, we were not interested in how to manage the mental health of the people from the case studies. The text spent on talk therapy should have remained limited to one or two sentences. **The focus should have been put on how Cat could be helped in overcoming her eating disorder,** by first having eye for how her immediate physical health issues should be targeted. Her physical health is at a direct risk due to bingeing and purging (which actually can be life-threatening in case she continues with this) and electrolyte balance; this should have been discussed first. Then the focus should have been put on how Cat could be assisted with gaining weight so that her BMI would get in between the "healthy" parameters once again. Once this has been done, then the focus could be

10

switched to how Cat could get her life back on track, and only then a form of psychotherapy can be brought in.

Text spent on the professionals to who Cat should be referred to remains too limited. Just a community therapist (what is such a profession about; a social worker....?) and psychologist would not suffice. She should be referred to a GP for monitoring her health and the introduction of a dietician would help her in gaining weight and maintaining a healthy diet.

Community support in the form of assistance to overcome methamphetamine use would be a good choice as well as assistance for eating disorders.

The outcome scenario should have had a focus on how Cat could be assisted in overcoming her disordered eating behaviours.

Writing and referencing are done competently; just a few hiccups here and there which are identified in inline comments.

throughout the unit we have emphasised the need of addressing physical health in the three assignments. That meant that with this last assignment you should have had a core focus on targeting and optimising the physical health of the persons from the case studies. What the main physical health issues were in these cases, was even mentioned in the title of the case scenarios. The lack of reflection on the risk of metabolic syndrome in the case of Anton, and preventing a further worsening of Cat's weight and physical health, has led me to decide to fail your assignment; it simply does not adequately target the assessment tasks and therefore can't be awarded with a Pass.



. One of the challenges faced here is that you missed key health issues or did not connect the dots adequately for the ones identified.

What this has resulted in, is a weak discussion surrounding the plan and referrals.

Case Studies

Scenario A – Metabolic Syndrome

The 20-year-old Anton in scenario A is undergoing various psychological, biological, social, and sexual health problems that should be urgently addressed. Firstly, Anton started substance abuse at the early age of 14 years, and he had to drop out of school to go and work as a commercial cleaner. While working, he moved to a share house where his substance abuse problem worsened due to experimentation. Anton lost his job after six months due to underperformance. According to Cloutier et al. (2018), substance abuse leads to reduced workplace productivity and high physical injuries. Anton was admitted to the mental health unit with psychotic symptoms; however, the symptoms are improving after treatment. He has sleeping problems, and in the last year, Anton has been isolating himself, spending his time watching television and playing online games.

Since getting sick, he has lost interest in cycling and surfing. Currently, Anton is surviving on a disability pension as he lost his job; however, he spends his little money on cannabis and tobacco. He has gained 15 kg because  of physical activity and an unhealthy diet which has led to weight gain (Geiker et al., 2018  on eats foods rich in high sugar levels and fats which increases the risk of obesity. Finally, he suffers from low self-esteem due to the embarrassment of being impotent, making him live a lonely life without a girlfriend. Anton is currently unemployed, and he is less confident about whether or not he can handle a job.

Basically, Anton is jobless, less active physically, has an unhealthy diet, is addicted to substance abuse, has a weight gain as well as being lonely, with low self-esteem, and he is impotent.

A key feature not mentioned here is the fact he is taking medications which are contributing to his poor physical health. He is heading down the path of metabolic syndrome and this has not been discussed.

Plan for Addressing the Problem

Anton would be required to undergo various interventions to address the identified health problems. Physical activity intervention would help Anton reduce weight, improve sleep quality, improve his brain function and memory and reduce his feelings of depression and anxiety (Jakicic et al., 2018). Physical exercise has a significant potential to promote well-being. It increases mental alertness and results in a positive mood, which could help Anton perform if he gets a new job, as morale affects the ability to retain a job and be productive (Hosker et al., 2019). Regular physical activity increases self-esteem and works to reduce anxiety and stress. With increased self-esteem, a confident Anton will seek the company of friends and stop living alone in the house watching television (Hosker et al., 2019). A physical fitness program requires an average of ² 150 minutes of moderate intensity aerobic exercise, 75 minutes of vigorous intensity activity, or a mix of the two, every week (Uijtdewilligen et al., 2019). Physical activity helps in losing and maintaining weight over a long time period. However, Anton would need a high amount of physical exercise to lose the 15 kg he gained within this last year. He needs to combine physical activity with diet adjustment for better results. Achieving and maintaining healthy weight levels requires both a healthy eating plan and regular physical exercise.

Counselling on healthy diets and nutrition is important to guide healthy eating behaviour. Anton should eat many nutrient-dense diets across and within the food groups, such as vegetables, whole grains, fresh fruits, fat-free or low-fat products of milk, and lean meats (Bowen et al., 2018). It is important to reduce or avoid the intake of added sugars, cholesterol, alcohol, salt, and saturated trans-fats. A counselling session with a psychosexual physician can help Anton as it encourages people to be open and discuss their sexual concerns without feeling judged (Reinman et al., 20³). The counselling helps improve confidence to establish new


relationships and guide people on the suitable treatment or improve their lovemaking skills and sexual communication.

A-CHESS involves a smartphone application designed to support care for substance use disorder. The application includes an interactive program to offer information, decision-making tools, adherence strategies, and support services to substance use patients. The technology concentrates on assisting the patients in developing and maintaining morale for abstinence. It connects patients with the necessary resources to cope with withdrawal symptoms, cravings, and high-risk circumstances to prevent relapse (Johnston et al., 2019). The A-CHESS program aligns with self-determination theory and helps patients develop autonomous motivation competence to recover or reduce substance abuse behaviour.

Referrals

Firstly, I would refer Anton to a professional physical activity program run by a qualified physical therapist community (Lee, 2020). The therapist will evaluate Anton's needs, recommend suitable programs, and agree with him. Anton will receive professional advice on the expectations, benefits, and associated risks, if any. After agreeing on various terms, the therapist will provide an individualized program for Anton. I would refer him to a registered dietitian to help him understand healthy dietary behaviour to improve his mental and physical health. The dietary specialist provides a client with a healthy eating plan, advising what to take and avoid. Bowen et al. (2018) reveal that sex therapy involves counselling designed to assist people in addressing psychological, medical, interpersonal, and personal factors that affect their sex life. The therapy discusses sexuality with the patient and advice on key interventions to boost his health.



Community Resources

The recommendation would be the ¹ youth-friendly substance use online resources like **Kelty Mental Health Resource Centre** <http://keltymentalhealth.ca/substance-use>, which helps youths with necessary informational resources to overcome substance use disorder. **NIDA for Teens** <http://teens.drugabuse.gov/> offers resources and information on numerous drugs. The website provides teenagers like Anton with relevant blog posts, videos, and drug facts. 

Expectations from the Solutions

Within six months of undergoing regular physical exercise, and in combination with the dietary plan developed by the specialist, Anton can be expected to have reduced the gained weight of 15 kg and have healthy weight management. Sex counselling with a psychosexual physician will boost Anton's self-esteem and ability to interact with other people and probably get a partner within six months. A-CHESS intervention will help Anton reduce the amount of cannabis and tobacco intake within a year.

Scenario C – Possible Eating Disorder

21-year old Cat has various psychological, critical biological, sexual, and social health issues. She has been to mental and emergency service units for suicidal attempts and self-harm. Cat has attracted borderline personality disorder (BPD) diagnosis. According to Hyland et al. (2019), BPD involves a psychological health **disease**  that affects how people think about themselves and others, affecting an individual's daily functioning. The BPD is associated with unstable and intense emotions and relationships, self-doubt, and insecurity (Hyland et al., 2019). The **disease**  makes people feel unstable in their thinking, moods, behaviour, and even identity.

She has interpersonal stress and can be self-injuring in response to the stressors. This problem is caused by her childhood experience as a victim of sexual abuse.

Cat has a poor relationship with her family members. Cat has been smoking methamphetamine for six months, probably due to peer pressure from her friends in the share house where she lives. She often engages in risky and unprotected sex. She has not had her period for more than a year, making her less worried about pregnancy. This condition for not having a period for long is called amenorrhea (Matcho et al., 2018). If one does not ovulate and does not have menstrual periods, then one cannot conceive. Cat has unexplained weight loss within a year; losing 17 kg in one year; is a serious concern. She is lacking appetite and might have an eating disorder, most likely the restrictive or avoidance food intake disorder. The disease prevents people from eating adequate nutrients and calories. The disease is associated with weight loss and nutrient deficiencies (Aloi et al., 2018). She suffers from a binge eating disorder as she likes to eat and feels shame and guilt when thinking about her binge eating behaviour, which sometimes induces vomiting (La Barrie et al., 2021). The 21-year-old has a poor relationship with her family members. After standing for long, Cat feels her heart pounding in her chest, and she has a fainting problem that worries her neighbours.

Plan for Solving the Problem

Talk therapy will help Cat manage the symptoms of borderline personality disorder, including trouble controlling emotions and having suicidal thoughts, as well as self-harm (Gardner et al., 2020). Talk therapy is a crucial approach for the BPD, where the therapist adapts specific therapy types suitable for the patient's needs. Talk therapy helps one to concentrate on the current ability to function, learn emotional management techniques to feel comfortable, decrease impulsiveness by encouraging one to observe feelings instead of acting on them.

Dialectical behaviour therapy (DBT), metallization-based therapy (MBT), and transference-focused psychotherapy (TFP) are suitable types of talk therapy for Cat. Dialectical behaviour therapy involves an individual or group therapy that utilizes ³ a skills-based approach to teach patients how to tolerate distress, manage emotions, and improve relationships (Boritz et al., 2018). The MBT intervention would help her establish her own feelings and thoughts at any given time and develop an alternate situation's perspective. The intervention focuses on helping the patient to think before acting (Bateman & Fonagy, 2019). The TFP assists the patient in understanding her interpersonal and emotional difficulties by developing patient-therapist relationship. The patient can apply such insights to ongoing situations.

Cognitive-Behavioural Therapy (CBT) is effective for helping Cat stop smoking methamphetamine (Meth). The intervention is grounded on the assumption that learning is key to developing maladaptive behaviour, like methamphetamine abuse. The treatment session concentrates on learning new and drug-free techniques to cope with triggers and life stressors that lead to the desire to abuse Meth. Recognition of an individual's emotional cues and reaction to the environment can help stop impulsive responses, like drug use, and trigger the need for healthy behaviour like avoiding company where there is a risk of drug activity and even taking a walk. Additionally, the intervention is effective for treating eating disorders, including a binge eating disorder and an avoidance food intake disorder (Aloi et al., 2018). Therefore, it will be an effective solution as it would address addiction as well as the eating problems from which Cat is suffering.

Behavioural counselling on sexuality will help Cat reduce her risky behaviour of engaging in unprotected sex. The counselling would help Cat understand and feel motivated to engage in safe sex and be advised on other techniques to prevent the behaviour (Gardner et al., 2020). The

counselor will guide Cat on various interventions and treatments available for amenorrhea.

Dopamine agonist drugs are recommended for treating amenorrhea as they reverse an underlying pathology that results in the disease.

Referrals

I would recommend Cat seek the help of a licensed community therapist and psychologist to help her eating disorder. The community specialist will provide individualized patient education and counselling on eating behaviour (Krebs et al., 2018). The therapist will counsel Cat on healthy sex behaviour and advise on numerous treatment options to address her health problems.

Community Resources

There are various community resources like Meth Rehab Treatment Centre and Addiction Centre to help Cat quit smoking Meth. The National Eating, Disorders Collaboration website advises people on various interventions to overcome eating disorders (Wells et al., 2020). Cat can call 1800 55 1800 for online counselling on eating disorders.

Expectations

Cat will quit smoking Meth and adopt healthy behaviour after undergoing the proposed interventions. Sex counselling and CBT interventions will play a central role in helping Cat adopt healthy behaviour, including non-risky sexual behaviour and a healthy diet. Implementing the talk therapy will help Cat improve her borderline personality disorder symptoms and prevent self-harm and suicidal thoughts associated with the disease. All these results are expected within one year.

References

- Aloi, M., Sinopoli, F., & Segura-Garcia, C. (2018). A case report of an adult male patient with avoidant/restrictive food intake disorder treated with CBT. *Psychiatria Danubina*, 30(3), 370-373.
https://www.researchgate.net/publication/327954565_A_case_report_of_an_adult_male_patient_with_AvoidantRestrictive_Food_Intake_Disorder_treated_with_CBT
- Bateman, A., & Fonagy, P. (2019). A randomized controlled trial of a mentalization-based intervention (MBT-FACTS) for families of people with borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment*, 10(1), 70-80.
<https://psycnet.apa.org/record/2018-33252-001>
- Boritz, T., Barnhart, R., Eubanks, C. F., & McMMain, S. (2018). Alliance rupture and resolution in dialectical behavior therapy for borderline personality disorder. *Journal of personality disorders*, 32(Supplement), 115-128. http://www.scielo.edu.uy/pdf/cp/v14n2/en_1688-4221-cp-14-02-e2321.pdf
- Bowen, K. J., Sullivan, V. K., Kris-Etherton, P. M., & Petersen, K. S. (2018). Nutrition and cardiovascular disease—an update. *Current atherosclerosis reports*, 20(2), 1-11.
<https://link.springer.com/article/10.1007/s11883-019-0770-1>
- Cloutier, M., Greene, M., Guerin, A., Touya, M., & Wu, E. (2018). The economic burden of bipolar I disorder in the United States in 2015. *Journal of affective disorders*, 226, 45-51.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7489939/>

- Gardner, K. J., Wright, K. M., Elliott, A., Graham, S., & Fonagy, P. (2020). The weirdness of having a bunch of other minds like yours in the room: The lived experiences of mentalization-based therapy for borderline personality disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, 93(3), 572-586. <https://bpspsychub.onlinelibrary.wiley.com/doi/abs/10.1111/papt.12243>
- Geiker, N. R. W., Astrup, A., Hjorth, M. F., Sjödin, A., Pijls, L., & Markus, C. R. (2018). Does stress influence sleep patterns, food intake, weight gain, abdominal obesity and weight loss interventions and vice versa?. *Obesity Reviews*, 19(1), 81-97. <https://onlinelibrary.wiley.com/doi/abs/10.1111/obr.12603>
- Hosker, D. K., Elkins, R. M., & Potter, M. P. (2019). Promoting mental health and wellness in youth through physical activity, nutrition, and sleep. *Child and Adolescent Psychiatric Clinics*, 28(2), 171-193. [https://www.childpsych.theclinics.com/article/S1056-4993\(18\)30698-9/fulltext](https://www.childpsych.theclinics.com/article/S1056-4993(18)30698-9/fulltext)
- Hyland, P., Karatzias, T., Shevlin, M., & Cloitre, M. (2019). Examining the discriminant validity of complex posttraumatic stress disorder and borderline personality disorder symptoms: Results from a United Kingdom population sample. *Journal of Traumatic Stress*, 32(6), 855-863. <https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22444>
- Jakicic, J. M., Rogers, R. J., Davis, K. K., & Collins, K. A. (2018). Role of physical activity and exercise in treating patients with overweight and obesity. *Clinical chemistry*, 64(1), 99-107. <https://academic.oup.com/clinchem/article/64/1/99/5608823?login=true>
- Johnston, D. C., Mathews, W. D., Maus, A., & Gustafson, D. H. (2019). Using smartphones to improve treatment retention among impoverished substance-using Appalachian women: a