Bella Nelson

Dr. Morrison

Abnormal Psychology

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Linda Bishop Case Study

1. Linda Bishop did not seem to have any premorbid symptoms. She was not born in the winter, there was no report of prenatal infection, and no report of genetic history of schizophrenia.
2. Some environmental stressors that could have exacerbated Linda’s symptoms in the active stage were being a single mother raising her daughter, supposedly being in an abusive relationship with her first husband before she left him, having pressure from her family to succeed especially when she was in college and then deciding she did not want to become a professor. Some more environmental stressors that could have heightened her symptoms were the cold weather, lack of nutrition, and lack of social interactions.
3. The most appropriate diagnosis, in my opinion, would be schizophrenia type 1. I believe this is because of the positives symptoms that she suffers such as the many delusions and hallucinations that she has. She was said to be “wary of spies,”, and she drove to Canada with her, at the time, 13-year-old daughter because she thought the Chinese mafia was after her. She also left her daughter at home because she needed to help the government after the September 11th attacks in 2001. She patrolled the streets showing the site to patrons because she believed that “God” had been telling her to do so, which possibly could have been auditory hallucinations. She had become very religious during her active stages when she would often times say the “God will provide”, or “God will tell her what to do”. She had also left her daughter at home once, leaving behind a not that said she had to speak to the governor. I also considered the diagnosis of bipolar disorder because it was difficult for me to determine if her hallucinations and delusions were caused because of a manic episode or if they were truly schizophrenic episodes. I believe that it was not bipolar and it was schizophrenia because she did not have any experiences of depression, she also seemed to not have any delusions when she was on her antipsychotic medications.
4. I think that if Ms. Bishop had been given more education on her disease instead of being, what it seemed like, punished constantly for her disease, she may have been able to accept her disease better in turn deciding to go along with treatment plans. I believe if she had more family therapy with her sister, she may have come around to the idea of having her have the power of attorney over her. It seemed to me that Ms. Bishop was not going along with treatment plans because she felt that everyone around her was blaming her and she was getting negative reinforcement for her behaviors that she had no control over. I believe that if her treatment team had been more educating and helped her understand that it was not her fault that she had the disease than maybe she would be okay with taking medication. I also believe that creating an after care plan would have been way more beneficial than just sending her off into the world without one.
5. I believe the most helpful treatment besides antipsychotic medication for Ms. Bishop would be individual psychotherapy. This would be a way for a therapist to educate Ms. Bishop on her disease and it’s symptoms. It would help her understand ways to deal with the symptoms and manage them better, as well as help with her everyday living. This could even help her figure out when delusions come on, what is a delusion and what is not a delusion. It could also help her with parenting and managing schizophrenia.
6. This case demonstrates the problem health care providers face with the privacy laws that are in place. In this case, they could not tell Ms. Bishop’s family that she was being released from the hospital and if they did she could possibly still be alive. The conflict with privacy laws is that is it okay to give information to a family of someone, over the age of 18, who seems to not be able to take care of themselves even if they are a legal adult? Well, the law prohibits this unless there is a waiver signed or this person is under the legal care of a family member. Another issue is making patients go to treatment if they are not willing. When someone is 18, they must sign themselves into treatment, which means they must be willing to go unless, in the eyes of the law, they are at risk of hurting themselves or others, which usually means that they are either suicidal or homicidal. If someone is neither of those things, it is very hard to commit them into treatment against their will, and even almost impossible. Even when someone is committed into a treatment facility against their will, it usually only permitted for a 3 day stay. This is usually a big issue because a lot of people with mental illness such as bipolar disorder or schizophrenia suffer from a “lack of insight” on their disease. They do not accept that their behaviors are caused by a disease that they have. This is why many people will not sign themselves into treatment and not get help. That is why it is such a controversy when it comes to admitting people into treatment without their consent.