Case Study: “My Name is Anne”

 This is a true case study of therapeutic communication breakdown in the care of a patient. Have students review the case and discuss where the breakdowns happened, and how they could and should have been avoided. What would they do differently if caring for this patient? How can communication breakdowns be avoided in health care systems? What needs to be in place to enhance therapeutic communication at all levels of care? What is the role of the nurse from the ANA Scope and Standards of Practice to enhance therapeutic communication in the development of the nurse/patient therapeutic relationship in all care environments?

**My Name Is Anne: A True Case Study of Therapeutic Communication Breakdown**

My name is Ann. I am a college graduate, a published poet, a photographer, writer, former missionary, a Presbyterian minister’s wife, a mother of three boys, and a grandmother. I have traveled the world while living in Africa and Pakistan. I am 79 years old. From March 14-29, 2013, I was a patient in a large psychiatric hospital in a major teaching medical center. The following is an account of my experiences while there.

I have had a great deal of difficulty coping with these experiences as the horrible memories of my admission keep re-occurring. My current psychiatrist suggested that I write about them to be able to gain control over what I believe to have been very traumatic for me. I am not writing to blame. I am writing to share my journey in hopes that learning may come from this, from a case study perspective.

The reason for my admission, I believe, was that I was becoming increasingly agitated with increased anxiety, fears, and difficulty sleeping over more than a two week period. I was talking too much, becoming argumentative, beginning to have some “wild” ideas” about getting an apartment in New York City (which, by the way, I have always wanted) and becoming unreasonable, but not unmanageable in any way. I was very tired with feelings of exhaustion but unable to rest. I was taking up to 6 Valium tablets a day, Celexa 10mg., and one Ambien at night. A physician or nurse practitioner had prescribed all of these medications to me. But still, I was unable to sleep. My primary care physician told my husband that if I was left alone to rest and get off the Valium, I would probably be okay. However, there was no one to take care of me and my husband (age 82) and my eldest son were very frightened about what would happen. My physician said they were worried that I might hurt myself. Hospitalization seemed the best solution at the time.

Historically, I had been under a great deal of physical and emotional stress for a long time…..over a year, to be exact. The following is a chronological list of experiences that caused me to experience a great deal of situational stress:

 November 2011: My brother died.

 February 2011: I had bilateral knee surgery.

May 2011: I discovered a lump in my throat while I was burying my brother’s ashes. I was subsequently diagnosed with a rare form of Stage 4 Ovarian Cancer followed by several months of chemotherapy with all of the side effects. I completed the chemotherapy the last week of December 2011.

January 2012: My husband injured his leg and was treated with hydrocodone and steroids, causing him to need physically exhausting care from me while I was still very weak from the chemotherapy.

February 2012: My husband fell, hit his head, was taken to the hospital by ambulance, developed a hematoma and needed immediate brain surgery. I was warned that he might not recover all of his mental or physical capabilities. He spent a week in the ICU, followed by rehabilitation and finally came home with balance, dexterity and seizure problems on March 2, 2013.

March 2012: Our eldest son, a recovering alcoholic who was then unemployed, came home to help us. However, the situation with his father was so stressful that he became intoxicated, took our car, and was arrested with a DWI. My other son and I had to go to the County jail to get him released.

I was suddenly cast into an extreme care-giving role while I was still in early recovery from chemotherapy including the fatigue, weakness and “brain fog” or “chemo brain” as it is commonly called. In addition, I was struggling with a urinary tract infection. Add to this the Valium, Celexa and Ambien that had been prescribed. During this time I was becoming increasingly tired, sleepless, irritated and sometimes took too many drugs because I was determined to get better quick. I felt I had too. The picture becomes very clear that I needed quality CARE and REST.

On March 12, 2012, I saw my primary care physician who recommended a neurological exam for me. Since my husband was also worrying about memory loss, I assumed the appointment made at the hospital was for both of us to be evaluated. Our son arranged for friends to drive us on Wednesday, March 14, 2012.

Upon arriving at the hospital, I was taken into the reception area while thinking all the time that my husband and I were being evaluated. I had forms to fill out which, according to the staff, I took an unreasonably long time filling out . I hesitated on several questions about restraining me or keeping me there. I felt confused and reluctant. I do not remember ever seeing a doctor, nor did my husband. After a while, a staff member came and told my husband I needed to be admitted. He then signed the permission slip for admission. Shortly after this, he left.

Realizing that I was left there, I became horrified and began calling him and friends. No one was helping me. I felt totally alone and very scared. I realized that the doors would be locked after nine and no one could get in and I could not get out. Just before 9:00, my feelings of terror escalated and, trying to solve the problem of my trapped situation, I called 911 on the unit phone. Some policemen came. I don’t know what was resolved, but I didn’t get out. During this initial time of admission my feelings were total shock: I was in the hospital and given a room to stay there. The staff seemed to be angry at me for calling 911, although it was posted on the wall, who to call if you felt mistreated. I also called an in-house number for support. I remember the policeman and the hospital representative as being kind. The staff was angry. Even the next morning I was calling in-house for help. They forbid outside calls since I had called 911. They made calling 911 a really big deal. I overheard one of the staff say, “Watch her, she calls 911”. Why wasn’t there anyone there to help me????

One of the first things I was to do the next day, was to have a MRI, which was suggested by my primary physician. I was very willing to do this, however, I wanted to see the equipment and talk to the technician first. I had a logical reason for this. Prior to my final cancer diagnosis in the summer of 2011, I had a MRI and a PET scan done by technicians who did not communicate what was to occur to me, or I did not hear it clearly. I became extremely claustrophobic during the tests. A month later I was still reliving the experience and having terrible reoccurrences in my mind. After that I had scans at another hospital, which were presented well and were much easier for me to handle. When I had a PET scan at the end of my chemotherapy treatment, I had a very positive experience. So, for this MRI, I wanted to talk to the technician ahead of time, see the equipment and prepare myself so it would be a positive experience for me. I clearly expressed to the staff at the Psychiatric Hospital that I agreed to the MRI, but I wanted to see the equipment and talk to the MRI tech first.

The next morning, March 15th, I was taken to another facility in an ambulance. I expected to be able to talk to the tech and see the machines. I remember being asked to sign in and told I could not talk to anyone first because “they had no time for that”. I refused the scan without being able to talk to anyone and the next thing I remember was that I was in a hospital bed with sides and my arms were tied to the side-bars. I remember working up and down the bars to get free of the straps. Again, no one was talking to me, I felt completely alone and terrified. Later, back on the psychiatric unit I was reliving this with a psychiatric tech who sat at my door in shifts. He verified that this had happened and said he had never known anyone to remember this kind of experience. “Usually people are knocked too far out from the medications to remember this”, he said.

The following evening, I had refused something, perhaps it was medication from the supervising nurse at the desk. Suddenly he said, “Okay, that’s it!” and grabbed me, pushed/slammed me against a desk or waist high surface, pulled down my pants and gave me an injection in my hip. I felt horror, physical pain, his anger all over me and totally mistreated. I then remember being in a locked cell with bars at the top of the door and a mattress on the floor. I remember crawling with great difficulty to the door and trying to open it from the bottom where some light was coming through. I remember being in this locked place at least three times and each time feeling scared beyond any known experience, as if I were in hell or Dante’s Hades. I had thoughts of the movies “Snake Pit” and “One Flew Over the Cuckoo’s Nest”. My husband remembers being shown me in there and being told that I was uncontrollable.

I was guarded night and day with someone sitting at my door. I had only a mattress on the floor in my room. My husband asked why I couldn’t have a bed and was told I was too dangerous. Several days before I was discharged, I asked about a bed and was told I could have one. Three days later, a person came around doing a survey about how I was feeling. I complained that I still did not have a bed. I finally received a bed one day before I left.

One day I noticed big bruises on my arms and shoulders. I had soreness in my back and could feel it was raw along the backbone. I decided to show this to the Resident, who was responsible for my care. He dismissed the injury and bruises saying they were from injections. A nurse eventually found a healing salve and put it on the areas. I left with a large scab down my backbone. I am quite sure I did not receive any injections in my back bone. They were only given in my hip.

I was admitted to the hospital for initially five days. I ended up being there for 13 days and being held against my will. Toward the end of my stay, I asked to see the attending doctor. He came in, which was the first time I remember ever having any contact with him, and I asked him how I could get out. He said that all I needed to do was ask. My resident doctor had ignored and mocked my idea of leaving with, “How do you think you could do that?” I told him I would take a taxi to the train and take the train to my home town. I felt like he was treating me as a child, unable to have any authority or ability to exist outside in the world.

While I was there, I called several friends and medical people asking them to help me. One was a radiologist who had been very helpful with my scans previously and was very supportive throughout my cancer treatment. She called the psychiatric unit twice and was told by the nurses that I was much “angrier this time than other times I had been admitted”. This made my radiologist refrain from trying to help me if I had a history I had not told her about. The reality is that I had never been there before!

My psychotherapist, a Jungian analyst who I have worked with for years, was out of town when I was admitted and was very shocked and concerned when she learned that I was an in-patient on a Psychiatric Unit. She stated that she called the unit frequently and asked the nurses to please tell me that she had called. No one ever told me. She then called the psychiatrist in charge and told him there was never any sign of psychosis in my psychological make-up and that I was highly functional. She told him that when I did get off center I could become anxious and somewhat obsessive, but the behavior I was displaying was completely out of character for me and she asked to be on the consulting team. The resident psychiatrist said, “ I will let you know. She will not be here long. Right now she has a really bad UTI and she got belligerent and was harming herself and others. Whatever she has, has descended into a psychotic condition. We are trying to figure out her medication situation from the chemotherapy.”

My psychotherapist asked the resident doctor if she could visit me the first thing in the morning the following day. He agreed and suggested she talk with a nurse to get clearance. She arranged to visit me the next day. She drove from our home town, arriving the next morning and was refused admission, being told it was not visiting hours. This was inexcusable. The resident doctor had agreed that she could see me. She continues to think that my experience on the psychiatric unit was very unfortunate, unacceptable, and not helpful to me in anyway. Since the experience she has helped me understand my deep feelings of abandonment by herself, my family and my friends. My primary care physician believes my experience was very unfortunate and that it was not the experience she had hoped for and been told would take place. My acupuncturist believes the experience was a “complete nightmare”.

I asked the head nurse to write down all of the medications that were given to me while I was in the hospital. There were no medications written down on the first three days following admission (Wed., Thurs, Friday). On Saturday, March 17th, I was given three injections in 12 hours of Zyprexa. I was also given Gabapentin, Depakote, Ativan, & Trazadone at various times. The Valium and Celexa were discontinued.

I have been told that everything that was done to me was to assure my safety. However, psychologically, I never felt safe. I felt totally alone, abandoned and like any threatened animal, I fought to survive.

These feelings are a long way from the rest and quality of care in a trusting environment that I was so needing. I needed someone to listen to my story, to know who I was despite the suffering that I was experiencing, and to treat me with respect and empathy for everything I had been through in such a short period of time. Yes, perhaps I did need the right kind of medication to help me calm and get rest. But, perhaps more than that, I needed a trusting environment and the presence of at least one person who I thought and felt really cared. I am sure the nurses and psychiatrists cared, but, unfortunately, I did not feel it. There is an old saying that “one may not remember what another says, but one will remember how they felt when they were with you”. Unfortunately, I did not feel good about the care I received at the Psychiatric Hospital. In fact, I still feel traumatized by it. I am told that there is a term called re-traumatization that can occur when someone is already traumatized by life’s events, and then enters a hospital and is re-traumatized by the experience within the walls of the institution. I believe that is what I am now coping with and trying to work through and turn my experience into something positive and useful so this type of horrible experience will not happen to others.

Currently I am doing very well. I am on Welbutrin 150mg daily, Levothyroxine 50mcg, and Avista 60mg which is being managed by my primary care physician. I am doing some writing and photography and attend a cancer support group and a celebration of life group with former cancer patients. I am involved in my church and active in a morning prayer group. My husband and I exercise by riding our bicycles as often as possible.

I have thought many times about how my hospitalization could have been more helpful for me. This is what I think would have been helpful to me and given me a sense of control instead of taking the control from me when I was trying to hang on to life with all of the remaining strength I had:

1) Get to know me as quickly as possible, not just my symptoms. Use a holistic approach. Make sure to get a complete medication history before adding any medications since I respond very sensitively to drugs. Get in touch with my referring doctors to get a complete history. Don’t just see me as a group of symptoms. See me as a person suffering with symptoms. Call me by my name and make sure I know your names. Learn my strengths and support them. My strengths are what help me get well.

2) Orient me to the unit and to what I can expect. Listen carefully to me. If I am not making sense, try to help me communicate so I can make my needs known. Help me to speak clearly if I am too upset to do so.

3) Anticipate my needs when I am unable to carry them out.

4) Assure me that you will be working with me and that I will not be alone on the unit.

5) Tell me if someone calls for me. It is so important to know that friends have not forgotten you and still care about you even though you have been admitted to a psychiatric unit.

6) Tell me when shifts are changing and who will be there for me during the next shift.

7) Make sure I am eating and drinking adequately, even though I might refuse. Help me decide if there is a type of drink or food that I would like and that might feel comforting. (The staff who brought the food were the nicest).

8) Create an environment where a caring presence and a high level of trust is felt by all patients.

9) Ask me if it would be helpful for me to talk to a chaplain.

10) Introduce me to other patients with whom I can feel safe.

11) Assure me that I will get better and recover from my symptoms. Help me to measure my recovery with each day’s progress.

12) Give me a bed, instead of a mattress, as soon as it is possible.

13) If I want something that I cannot have, help me understand the reason for the refusal. If I refuse something, try to understand the reason I am refusing it. If it is something I need to get better, help me to understand the reason I need it.

14) Try to understand how terrified, vulnerable and alone I felt as a patient and encourage me to express my feelings openly.

15) Remember that coming to work at the hospital is very familiar to you, but to the patient it is a foreign, threatening, unknown land, unless there is staff (Physicians, Nurses and Techs) there who can reach out and create a caring, trusting, therapeutic environment. Without that, re-traumatization can occur, which can and does, interfere with compete recovery.

How I survived this hospital experience was by trying to find a sense of control and calm for myself. I practiced yoga daily in my room and recited Psalms that I had memorized. I would rise early, get coffee, and go to a room to watch the sun rise and meditate, as I gazed outside into the world. A nurse agreed to open the room up for me to be able to see the rising sun and the world outside. I talked with the other patients and learned as much as I could about them. I had conversations with the techs. I felt great empathy for a weekend nurse who had a child with a brain tumor. It was reassuring to me that I could, despite what I was experiencing, interact with others. It was during these brief intermittent moments, that I felt a fleeting sense of peace and wholeness.

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