



Pattern of Psychological Assessment and Treatment among Patients at Ladoke Akintola University Teaching Hospital Osogbo, Osun State.

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Abstract

The psychological assessments and treatments modalities were found to be the bedrock of making appropriate formulations, diagnosis and clinical interventions for every human inadequacy presented. Some of the case reports highlight the contributions and significant role of clinical psychology in the provision of quality health care service in the last 6 years. Over 400 patients were referred for psychological evaluations from the Department of Psychiatry and other departments of Ladoke Akintola University of Technology teaching hospital between January 2014 and October 2020. It reflects the pattern, trends of practice, referrals and consultations requests for psychological review of chronic illness, mental disorders, personality, behaviour modifications, intellectual capabilities, abuse, drugs and alcohol dependence and other related life events. The efficacies of different treatment modalities such as cognitive behaviour therapy, behaviour therapy, psychoanalytic therapy, group therapy among others were also proven to be effective.

Keywords: psychological assessments, psychotherapy, clinical psychology

Introduction

Psychological assessments are the systematic means of collecting, collating and interpreting information by a trained professional with the aim of describing, explaining, predicting, controlling and modifying behaviour. Framingham (2011) described psychological assessment as a process of testing that uses a combination of techniques to arrive at some hypotheses about a person and their behaviour, personality and capabilities. According to Oladimeji (2005), psychological assessment involves evaluation of an individual's strength and weaknesses, conceptualizations of the problem at hand (etiological factors) and some prescription for alleviating the problem which lead to better understanding of client. Ofowe

(2011) asserts that the debate on the efficacy of psychotherapy is longstanding while Lambert and Bergen (1994) reported that individuals who received psychotherapy fared better than persons who did not. Researches affirm that psychological interventions are effective treatment in the management of psychiatric disorders (Ang, 1999).

Madu (2005) described Psychotherapy as a process that enables people to express their feelings in a protected environment, to a person trained to listen with understanding and compassion. The process helps people to reconnect with and honour their roots, affirm their identity and develop a healthy way of being in the world. Psychotherapy is often used in combination with medication to treat mental

health conditions. In some circumstances medication may be clearly useful and in others psychotherapy may be the best option. A large number of psychotherapies has sprung up in the past years, there are well established western psychotherapies namely psychoanalytic (dynamic), humanistic, client-centred, group, marital, family, cognitive behaviour therapy, behaviour therapy and Nigerian indigenous psychotherapy such as harmony restoration therapy and meseron therapy.

Ladoke Akintola University Teaching Hospital is jointly owned state medical teaching hospital of the Osun and Oyo States governments located in Osogbo, Osun State. The hospital has competent and qualified professionals in various sub-specialties that provide tertiary health care services and referrals and consultations from different geographical locations in Nigeria. The department of psychiatry comprises of various subunits; clinical, clinical psychology, nursing, social works, occupational therapy and medical records for optimal delivery. The facilities are well equipped and standard which accommodated patients for both inpatients and outpatients needs. The clinical psychology unit provides apt psychological interventions and expertise during ward rounds, ground round, outpatients clinics, case presentations, seminars, symposiums, advocacies and public lectures on mental health.

The primary role of the clinical psychologist in the department of psychiatry and the teaching hospital at large is to alleviate or solve problems of individuals in distress. Human behaviours are diversified in nature which is expressed in context or through accompanying situations. To understand and unravel the causal factors of these problems, psychological interventions are the link and pathway to recovery of individuals in distress.

The activities of the clinical psychology unit, department of psychiatry, Ladoke Akintola University Teaching Hospital Osogbo, Osun State cannot be overemphasized in efficient health care delivery. Approximately 400 in and out patients were managed between 2014 and

2020. These comprises of different age groups of both males and females.

The highlights and summary of the patients' referrals includes mental and behavioural disorders/drug abuse -100 (25%), intellectual assessments - 25 (6.25%), domestic/sexual abuse -6 (1.5%), personality assessments - 100 (25%), mood disorders - 70 (17.5%), schizophrenia - 69 (17.25%) while 30 (7.5%) were referrals from other specialties. Consultation requests were received from departments of internal medicine, intensive care unit, family medicine, accident and emergency, obstetrics and gynecology, paediatrics/child health and surgery.

Referrals and Consultations requests

Psychiatry department
Hematology clinic
University managements
Private/public universities
Hospital management
Religious bodies
Internal medicine
Public/Private Schools
Peadiatric unit
Non-governmental organisation(s)
Surgery
State social works
Self-referral
Accidents and emergency unit
Law enforcement agencies
Federal and state government establishments
Family medicine
Mentally and physically challenged rehabs

Referral and consultation requests and cases for psychological interventions

Personality Assessments
Alcohol/Drug/Substance Abuse
Mental Disorder; Depression, Anxiety related, Schizophrenia, Dementia
Neuropsychological assessments
Intellectual/cognitive assessments
Domestic violence, sexual abuse/assault
Sexual dysfunction/Sexual orientations
HIV/AID

Physically challenged
Terminal/Chronic illness
Occupational assessments.

CASE A

A 17 years male undergraduate student referred for psychotherapy and personality assessment. He was diagnosed with a mental and behavioural disorder. Patient is the second child with three siblings, from a monogamous background but parents are separated.

Patient was restless and agitated during the first session. On mental state examination, he was poorly groomed, unkempt and sustained an injury on right arm. He confirmed the presenting complaint, called himself a psychopath, a member of secret society which he was initiated into by his father's friend. Though this information could not be substantiated by his father, patient attested to his association with bad group of friends. He believed his small stature on the contrary has been helpful for personal growth and building his self esteem. This enabled him to handle any kind of dangerous weapon.

Aetiological considerations

The intra-psychic conflicts were identified and explored:

- Traumatic childhood experiences father physically and verbally abusing mother when he was 5 years old.
- Disaffection for father at early childhood

Psychological intervention

Session 1

Session started with psycho-education on the need for an immediate intervention.

- Cognitive restructuring was introduced on how to change his perception/thinking particularly his way of life.
- Motivational interviewing on substance and drug abuse /change process

Session 2, previous discussion was revisited.

Psychological problems were identified from observations and the psychodynamics of patients. The precipitating, predisposing and the perpetuating factors were further explored. Psychological problems identified were

- Low self esteem; covering up for inadequacies, intimidations and comments on patient's physique/stature. Patient used displacement and compensation as forms of defense mechanism to cover up his inadequacies.
- Aggressive and violent behaviours
- Drug /Substance use
- Paranoid feelings
- Parental deprivation
- Feeling of guilt
- Sense of belonging

Psychological interventions were explained as follows

- Personality assessment was conducted by the objective and projective techniques. These include self descriptive test, Eysenck personality questionnaire and sentence completion test.
- Self-actualization which must be goal directed was identified as an important factor otherwise young adults may remain confused about who they are and their role in life. This could lead to a danger of delinquency.
- On the *self-descriptive test*, described self as easygoing, quiet, small in stature, selects friends, close to mother, enjoys staying indoor watching war like films, cartoon and playing games. On the *sentence completion test*, he emulates or imitates lots of people, would love to be seen as a gentle man, blame self for mistakes. When opposed he becomes aggressive and see school, work and pleasure as stressing.

- On the Eysenck personality questionnaire with subscales extraversion, psychoticism, neuroticism and lie scale which attempt to fake good, results revealed an antisocial personality trait.
- Psychological treatments were cognitive behaviour therapy, behaviour modification, interpersonal therapy, family therapy and drug counselling/rehabilitation which lasted for 10 sessions were therapeutic with follow up.

CASE B

Mr B, a 26 years old man. A student diagnosed of Non-Organic Psychosis (obsessive - compulsive disorder). He complained bitterly that he has been unable to control himself writing on sheets of papers, washing teeth and hand for about 30 - 40 minutes; believing that the teeth were not yet clean, checking the door to make sure that he has locked it almost five times consecutively. People around him have noticed this and complained about it. He has a history of poor academic performance, forgets things easily and could not easily assimilate what he read.

Psychological Assessment instruments used were Awaritefe Psychological Index (API) measuring psychopathological conditions, State Trait Anxiety Inventory (STAI) X-1/X-2 and the Study Habit Questionnaire (SHQ).

- Result revealed a moderate level of psychopathology on API, a moderate manifestation of anxiety with a high level of trait anxiety on (STAI). On the SHQ, all scores were in the moderate range except from the Anxiety scale which falls within the high range.

Theoretical framework for treatment

Behavioural Treatment of Obsessive-Compulsive Disorder

- Exposure and response prevention. The patient was exposed to feared stimulus frequently in graded manner and helped to prevent avoidance through use of escape rituals that is “contaminating hands and teeth and then not washing them”. This, it is thought, will extinguish the fear response as the patient learns the lack of association between the occurrences of harm related thoughts and expected negative consequences.

Steps/ stages of Behavioural Therapy

- First, there was systematic attempt to get information about situational antecedents and the dimensions of the problem behaviour, and the consequences of the problem.
- Second, there was clarification of the patient’s problem and target behaviour was determined. A goal for the treatment was discussed with the patient and also identification of maintaining conditions was carried out. Follow up assessments were made and a change plan were implemented and also an evaluation of change plan.

Treatment Sessions

Session 1

- Psycho-education on the goal of the sessions
- Rationale for eliminating or reducing the occurrence of the maladaptive behaviour
- Explanation of the importance of patient’s participation in the intervention process.
- Aimed at helping the patient to foster self help and increase social skills and alleviate bizarre behaviours.
- Problems identified were explained as situation specific (washing of teeth and hands). The frequency of the incident was persistent. Washed his hands four to five times in a day and brushed tooth like 30 - 45 minutes every morning.

Homework:

- Observation and diary keeping of frequency of hand washing for seven days and
- Observation of frequency of tooth brushing for seven days.

Session II

- Review of homework assignment
- Diary showed that the patient's frequency of hand washing and tooth brushing had reduced considerably.
- The first three days revealed that he washed hands four to five times a day. Reduced to two to three times, the next two days and twice on the last two days. Tooth brushing reduced from 15 minutes per day on the first two days to 5 - 8 minutes on the subsequent days.
- Cognitive interventions: was focused on reducing the frequency of both overt (such as checking) and covert (cognitive rituals) obsession behaviours. The patient was taught that obsessional thoughts are irrelevant to further action and challenging the beliefs that the consequence of not engaging in safety behaviour will be catastrophic.
- Homework: patient was taught to counter any intrusive thoughts and replace them with more realistic ones whenever they occur.

Session III

Patient was calm and less anxious; he was psycho-educated on his educational deficiencies and the influence of anxiety traits on functioning.

- Thought stopping, whereby the patient was taught to distract from thoughts rather than challenge their content. This involved a progressive series of step; the aim was to make a classically conditioned response that the patient can trigger when he felt overwhelmed by his anxiety provoking thought. He was told to keep records of all diaries kept and note the changes he observed if there was a reduction in the occurrence.

Session IV

- Patient confirmed that the treatment has been effective
- Patient resumed back at work.
- There was drastic reduction in the frequencies in which the repetitive behaviour occurs.

The frequency of hands washing and mouth brushing has reduced considerably. He washes once in a while as compared to 4-5 times on the onset and hardly brushes his teeth more than three minutes.

CASE C

A 39-year-old man was brought to the neurology clinic on account of a history of recurrent generalized seizure and learning difficulties since childhood. Seizure started before his first birthday, with frequency of one episode per day characterised by abnormal behaviour such as being dazed, fidgeting with objects or running aimlessly around the house. He dropped out of school while in junior secondary school due to learning difficulties and poor academic performance. He has since found it difficult to learn a trade and has settled down to be a cobbler.

Sturge Weber Syndrome is a rare neurocutaneous disease characterised by facial port-wine stain, ocular abnormalities most often involving the occipital and posterior parietal lobes. This syndrome consists of a constellation of clinical features such as a facial naevus, seizures, hemiparesis, intracranial calcifications and mental retardation.

- Where according to Goodenough and Ziler who developed the test, there are 52 item points must reveal all the parts of the body well indicated and detailed. He had 11 points on the Draw-a- Person i.e. DAPP = 11. From the draw-a-person test it is expected that a child scores any point on this test until age 4 years points counts as a draw a person year, in order to make up for the first three years of life, three points are added to the so-called

Man-Drawing-Age (MDA). $MDA = DAPP / 4 + 3$ ($11/4 + 3$) = $2.75 + 3 = 5.75$

To determine the Draw a Person Drawing Quotient (DAPQ), the Man Drawing Age (MDA=5.75) is divided by patient's real age (40 years) multiply by 100. The Draw a Person Drawing Quotient equals 14 reflecting a profound mental retardation.

The Intelligent Quotient of this patient was not based on this single assessment which led to exploring more appropriate batteries of tests. But due to the patient level of functioning, other intelligences test such as Raven Progressive Matrices and Wechsler Intelligence Scale could not be administered. The Vineland Social and Adaptive Behaviour Scales is a developmental schedule concerned with the individual's ability to look after his practical needs and to take responsibility. The guiding principle is that the primary focus of assessments of individuals with intellectual disability should be their capacity for maintaining themselves and their affairs. The information required for each is obtained through an interview with an informant or the subject himself on what the individual has actually done or can do in his daily living.

Patient was assessed on social adaptive sufficiency in the area of self help in eating, dressing, occupation, communication, locomotion and socialisation which were fair. On the adaptive behaviour scale an expanded interview form assessed the four domains communication, daily living skills, socialisation and motor skills with focused receptive, expressive, interpersonal relationship, gross and fine motor which shows a high level of deficiencies. Patient caregiver was psycho educated on the how he would be unable to function without constant close supervision, also being dependent on others.

CASE D

Conceptualization of problem

Nature of problem: Repeated masturbation, recurrent palpitation and feeling of hopelessness

Patient D, 20 years old male student had been masturbating for the past four years. His first experience was when he used a female student's pant to rub his penis which was enjoyable to him. He felt as if he was having sex with a lady. Afterward he started using cream to rub his penis so as to ejaculate. He claimed to initially masturbate once a week but the frequency increased to 2-3 times daily. There was history of watching phonographic films. He said when thoughts of masturbation came to his mind he could not concentrate on any other thing. He went to the extent of watching female co-tenant when they were having their bath. Two years ago, he started having palpitations, sweating of palm and persistent headaches. This made him feel sad and so it was associated with weepy spells.

Aetiological Consideration

Patient had never had sex with the opposite sex except when he tried to lure a minor. When the girl screamed, he had to let her go. He finished his secondary school education and passed all his papers except English language. He attempted university matriculation examination and scored 182 out 400, which was too low for admission to study electrical engineering in the university. He wanted to resit the entry examination but complained of having difficulties studying because of his inability to assimilate what he has read. There was positive history of mental illness in her sister.

Psych-diagnostic Assessment

- The session started with a psycho diagnostic interview. The Becks Depression Inventory (BDI), State Trait Anxiety Inventory (STAI) Y-1 and Y-2, Study Habit Questionnaire (SHQ).
- On the BDI, he scored 43 which reveal severe depression, STAI form Y-1 and STAI form Y-2 scores were 75 and 59 which revealed a high level of manifestation of state anxiety and high level of manifestation of trait anxiety.
- On the SHQ, Ayo falls within an average level on the Anxiety, Obsessionally, and Work Satisfaction scale. On the Depression Disorganization, Low Motivation and

Somatization scale, Ayo falls within the high range. The score on the BDI complements the SHQ results (depression, low motivation and somatization scales).

Treatment sessions

Session I

- Habit reversal training, a multi-component behavioural treatment which involved awareness and relaxation training was initiated.
- Patient was encouraged to continue with medication. He was given a homework assignment.
- Homework:
 1. Monitoring masturbation thoughts or actions
 2. Note the date, time, location of masturbation and method employed
 3. Keeping diary of dreams.

Session II

- Homework Review
- Re-administration of BDI and STAI
- Reassurance on how cessation of masturbation can be achieved
- Counselling on how to fill university tertiary matriculation examination form and coaching classes

Session III

- Cravings and withdrawal symptoms of masturbation and challenges associated with them such as anxiety, social stigma, personal shame, anger, guilt, distressed, impulse control and sadness were discussed
- Sexual disorders were discussed as pathological with emphasis on voyeurism as a derivation of sexual satisfaction by obsessively watching secretly when those been watched are undressed or engaging in sexual activities following sensational or sordid objects.

Session IV

- Patient's homework was reviewed; the diary of masturbation thoughts kept was checked (which he kept for just a day). He said the thoughts came but were countered by praying.

- He was counselled on masturbation as an experience mostly among young men of his age but most people do not talk about. He was also reassured about it and counselled on engaging in other activities, though he seems to be highly motivated. Patient was made to realise that masturbation may still want to reoccur but it will gradually cease. When the thought to masturbate is strong, he was told to yell STOP to those thoughts as loudly as he could in his mind and then recite a pre chosen thought provoking words.

Session V

- Aversion therapy was introduced, when tempted to masturbate, he was told to think of something very distasteful with something which has been pleasurable, but undesirable. The distasteful thought and feeling will begin to cancel out that which was pleasurable. For example, if he was tempted to masturbate, he should think of having to bathe in a tub of worms, and ate several of them as he did the act. He was told to avoid people, situations, pictures or reading materials that might create sexual excitement.

Session VI

- The Becks Depression Inventory and State Trait Anxiety Inventory were re-administered. The result on the BDI revealed a normal level of depression while on the STAI Y-1 and STAI Y- 2 he scored 27 and 46 which reveals a low level of manifestation of state anxiety and an average level of manifestation trait anxiety.
- Patient was counselled on how to fill his University Tertiary Matriculation Examination form and started coaching classes in preparation for his examination. The home work continues and drastic improvement in functioning was noticed.

Follow up sessions were continued to sustain improvement.

Conclusion

In conclusion, psychological assessments and treatments have proven to play an important long lasting and sustainable impact on human functioning. This review has also contributed to the very strong and positive evidence that already exists on the value and relevance of psychological interventions in clinical practice and beyond.

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