

## Step 1:

Default (GPT-3.5)



Please provide an approximately 500-word case vignette for a psychology patient with Schizophrenia, including the following sections: patient information, presenting concern, case description, clinical presentation, diagnosis, differential diagnoses, treatment plan, and prognosis



### Patient Information:



Sarah Miller, a 28-year-old woman, is the focus of this case vignette. She lives independently and was previously employed as a graphic designer. Sarah's family describes her as creative, social, and ambitious. She has no significant medical history, and there is no known family history of mental illness.

### Presenting Concern:

Sarah's family brought her to the clinic due to a sudden and alarming change in her behavior. Over the past three months, they have noticed her withdrawing from social activities, neglecting personal hygiene, and expressing paranoid beliefs. Sarah's once vibrant and outgoing personality has been replaced by a more subdued and disorganized demeanor.

## Step 2:

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### Case Description:

Sarah's decline started gradually, with her becoming increasingly preoccupied with the idea that her thoughts were being broadcasted on television. She began avoiding social interactions, believing that others could hear her innermost thoughts. Her family also noted that she started talking to herself and

occasionally displayed emotional outbursts without apparent cause. Sarah's work performance deteriorated, leading to her losing her job.

Clinically, it is evident that Sarah is struggling with disorganized thinking and impaired reality testing. Her family reports instances of her responding to internal stimuli, as if she is hearing voices that others cannot. Sarah's self-care has also declined significantly, with irregular sleep patterns and poor nutrition.

#### Clinical Presentation:

During the clinical interview, Sarah exhibited tangential speech, frequently veering off-topic and struggling to organize her thoughts coherently. She expressed paranoid delusions about being monitored by hidden cameras in her apartment and believed that a secret organization was plotting against her. Sarah admitted to hearing voices that criticized her and told her she was worthless.

A mental status examination revealed flattened affect, reduced psychomotor activity, and impaired concentration. Sarah's thought process was marked by disorganization, and her thought content included persecutory delusions and auditory hallucinations.

#### Diagnosis:

Sarah has been diagnosed with schizophrenia based on her clinical presentation. The presence of disorganized thinking, paranoid delusions, auditory hallucinations, and a significant decline in overall functioning aligns with the diagnostic criteria outlined in the DSM-5.

#### Differential Diagnoses:

While schizophrenia is the primary diagnosis, it is essential to consider other potential factors or conditions that may contribute to Sarah's symptoms. Differential diagnoses might include other psychotic disorders, mood disorders with psychotic features, or substance-induced psychotic disorders. A thorough evaluation, including medical and psychiatric history, is crucial for an accurate diagnosis.

#### Treatment Plan:

The treatment plan for Sarah involves a multidimensional approach. Antipsychotic medication will be prescribed to address her psychotic symptoms, with careful monitoring of side effects. Regular therapy sessions, including individual and family therapy, will be initiated to provide support and psychoeducation.

Cognitive-behavioral therapy (CBT) will be incorporated to address specific symptoms, such as paranoid delusions, and enhance Sarah's coping skills. Given her social withdrawal, efforts will be made to gradually reintegrate her into social activities and rebuild a support system.

#### Prognosis:

The prognosis for schizophrenia varies, and individual responses to treatment differ. With early intervention and a comprehensive treatment plan, many individuals with schizophrenia experience symptom improvement and enhanced functioning. However, the chronic nature of the disorder necessitates ongoing treatment and support.

Sarah's prognosis will depend on factors such as medication adherence, the effectiveness of therapeutic interventions, and the availability of a supportive social network. Regular follow-up appointments will be crucial to monitor progress, adjust treatment as needed, and provide ongoing support for both Sarah and her family.

#### Step 3:

1.

Yes, I agree with the primary diagnosis of schizophrenia. The symptoms described, including disorganized thinking, paranoid delusions, auditory hallucinations, and a significant decline in overall functioning, align with the diagnostic criteria for schizophrenia outlined in the DSM-5.

Here are some of the symptoms that make the person meet diagnostic criteria:

- Hallucination: Auditory hallucination to be exact. Sarah reports hearing voices that criticize her, indicating the presence of hallucinations, saying that "she is hearing voices that others cannot."
- Delusion: Persecutory (Paranoid) delusion to be exact. Being monitored by hidden cameras and a secret organization plotting against the individual and that "her thoughts were being broadcasted on television" supports the criterion of delusions.
- Disorganized speech: "During the clinical interview, Sarah exhibited tangential speech, frequently veering off-topic and struggling to organize her thoughts coherently." This shows that Sarah is having disorganized speech as well as thoughts.
- Grossly disorganized or catatonic behaviour: "Clinically, it is evident that Sarah is struggling with disorganized thinking and impaired reality testing. "Sarah's thought process was marked by disorganization." The clinical description and clinical presentation describe Sarah to have disorganized thoughts that will affect her daily behaviours.

#### Criteria Not Mentioned:

The vignette does not explicitly mention the duration of symptoms, which is a key criterion for schizophrenia diagnosis, or any mental disorder in order to be considered as one according to DSM. A minimum duration of six months (must include at least 1 month of symptoms) is generally required for a definitive diagnosis. Additionally, there is no information on the onset of symptoms, which can provide insights into the course of the illness.

Other Symptoms to Assess:

- Negative Symptoms: Information about the presence or absence of negative symptoms, such as avolition, affective flattening, and anhedonia, would provide a more comprehensive picture.
- Disruptions in motor function: symptoms such as catatonia (significant reduction in motor responsiveness) or waxy flexibility (resistance to being moved) were not shown in Sarah's case.

2.

- In order to rule out mood disorders with psychotic features, we have to understand the status of Sarah's mood so that we can know if she is having depression or mania instead of schizophrenia
- We have to understand if the reason for all Sarah's symptoms is due to physical disorders or illness
- We do not know Sarah's medical history and the side effect that comes with it (medical conditions, neurological disorders, or brain injuries)

3.

I agree with the treatment recommendation provided by ChatGPT. Antipsychotic medication, individual psychotherapy, family therapy, and cognitive-behavioural therapy are evidence-based and scientifically proven to treat schizophrenia.

The outlook is cautiously hopeful. Treatment can indeed bring relief for many individuals with schizophrenia, but it's important to recognize that managing this condition is an ongoing process due to its chronic nature. The prognosis, or the expected course of the condition, varies based on factors like how well someone sticks to their treatment plan, the support they have around them, and how they individually respond to different interventions.

#### **Step 4:**

Employing artificial intelligence (AI) in clinical psychology comes with both promising prospects and potential drawbacks. The vignette generated by the AI is praiseworthy in its effort to depict the intricacies of an individual with schizophrenia. It effectively highlighted essential symptoms, contributing elements, and suggested interventions, showcasing the AI's ability to analyze and produce pertinent information. Nonetheless, upon closer inspection, it became evident that certain human qualities, such as nuanced understanding, empathy, and a profound awareness of the individual's context, might be absent.

After writing the first three steps of the assignment, I can generally realize how the AI is able to provide a quite vivid case vignette of a mental disorder. In order to find a perfect fit for me for this assignment and to find a more interesting one, I have browsed through about three different vignette cases that Chat GPT generated and the one I picked is the most detailed one. While I go through these three cases, I can see how Chat GPT as an AI program website is able to provide different various cases with "creative" depictions of the non-existent client. This ability to create made-up but realistic vignette cases makes Chat GPT and those similar AI program websites or applications a great tool to practice. The practice that AI is able to give to students like me (people who take psychology courses in university) is infinite and

various. It successfully outlined key symptoms, contributing factors, and recommended interventions, demonstrating the AI's capacity to process and generate relevant information.

The artificial intelligence performed adequately in depicting an authentic scenario of an individual with schizophrenia. It effectively captured characteristic symptoms like disorganized thinking, paranoid delusions, and auditory hallucinations. Nevertheless, finer details such as the duration of symptoms and the existence of negative symptoms were not expressly explored. The AI's clinical evaluation seemed to concentrate on observable behaviours, possibly neglecting the internal dimensions and subjective elements essential for a holistic comprehension of the individual's mental well-being.

One of the pros that artificial intelligence is able to provide to the field of clinical psychology and mental disorders and its treatment is the efficiency that it has. The data that AI has makes it way more efficient than human assessment and diagnosis. Also, the accessibility that AI provides makes almost everyone able to get access to all the information about mental disorders and mental health, and can, therefore, improve mental well-being and information more widespread.

However, with all the benefits that AI owns, there certainly are some downsides. AI may struggle to capture the complexity of human emotions, cultural nuances, and the subtleties of individual experiences. Also, the cost that comes with the convenience of accessibility is an ethical concern. As much of the data will be saved by AI, some cases' personal information and identity will be put at risk as it involves personal privacy.

In a nutshell, while AI offers potential benefits in clinical psychology, its integration requires a careful and ethical strategy. The human aspects of touch, empathy, and contextual comprehension are indispensable and cannot be replaced. AI should be regarded as a beneficial tool within the wider scope of mental health care. Ongoing research, collaborative efforts across disciplines, and vigilant oversight are crucial to leverage AI advantages while addressing potential risks.