# Recommendation Form

**Date:** **February 25, 2020**

**Case Synopsis:**

Description of the client (e.g., demographics, education, employment, primary source of income, social support, etc.)

Male in mid-30s
Completed some college
Lives with wife – just returned from Taiwan
Supportive and involved mother and stepfather
Unemployed, on ODSP
Lives in subsidized housing

Description of the suspected psychiatric diagnoses, substance use, and current presenting concerns. Also include relevant developmental, social, and family history.

Numerous hospitalization prior to entering EPI, then engaged with current EPI team during extended hospitalizations
Diagnosed with schizophrenia
Initially treated with LAI but switched due to side effects
Was using substances (daily cannabis since age 19) but significantly reduced use due to finances
At intake had significant anxiety and depression, which have improved with EPI/IRT/?medication change plus anxiety group
Completing ABCR (cognitive remediation) group
Some trauma history – primarily around apprehensions by police when unwell; query abusive boss from out west, possibility of childhood sexual abuse raised while in hospital
First hospitalization at age 13 for "mental breakdown"

Supporting information, safety concerns, medical conditions, 6-point wellness check, etc.

Describes being "angry" in psychotic episode
PMHx: ITP with splenectomy in 2004, hyperlipidemia, latent syphilis (not discussed in ECHO)

Past/present treatment interventions, as well as the client's current goals for treatment and strengths that will support them to work towards their treatment goals.

Previous trials of venlafaxine, bupropion, olanzapine, quetiapine IR, LAI resulting in hyperprolactinemia (?), now being treated with quetiapine XR + escitalopram
Has completed all IRT standard modules and is quite engaged
Is also completing ABCR group and has completed anxiety group; deferring job search until he completes ABCR
Wife cannot attend Family Group but has been sent e-module
Strengths – hope, insightful, creative, able to apply/use therapeutic techniques in his life (CBT, NAV)
Goals – work, wants to go back to school but has debt from previous schooling; wants to improve physical health

Reason for case consultation and any specific questions that the provider would like answered.

How to understand and manage continued PTSD symptoms related to interactions with police and former employer, which seem to be preventing him from being able to look for work again?
-IRT: going back to processing the episode, challenging self defeating thoughts, coping with negative symptoms modules?
-referral to SW for more intensive work?
Clinician also concerned about negative symptoms, lack of motivation and energy

**Summary of Recommendations:**

Recommendation: description of recommendation.

*Elaborating on recommendation, and clarifying information (e.g.; where to access scales, monitoring required when prescribing medication, etc.):*

1. Module 5 (Processing the Psychotic Episode) is a good place to start to revisit thoughts about the psychotic episode and track them over time using the worksheet (IRT)
2. Module 5 can also be used to gently explore connections between these current ruminations about police and former employer and how they fit in with past history of trauma (e.g., possible childhood sexual abuse, early hospitalization, etc.). CBT may inform exploration of beliefs common to these experiences (IRT)
3. Try to capitalize on the therapeutic relationship between the current clinician and patient (which is very strong!) rather than introduce a new therapist for the patient to share his story again. However, depending on what the exploration of experiences informing current ruminations reveal, trauma-specific therapy may be warranted (IRT)
4. Explore how other symptoms may be interacting with these ruminations, e.g., psychosis (are thoughts about former employer persecutory delusions?), mood, social anxiety, as well as PTSD (IRT/Rx)
5. Consider starting to introduce meetings with SEE in addition to ABCR so they can work on assertive communication strategies to help him advocate with future employers (SEE)
6. If patient's wife can't attend Family Group, consider engaging her when she comes to patient's appointments or over the phone. She would likely benefit from her own time to talk and learn how to support him. (Family)

From IRT Module 5:

*The Self Stigmatizing Beliefs Checklist is an efficient and effective way to evaluate gains made throughout this overall module and specifically gains made as a result of learning and practicing the brief version of cognitive restructuring. This checklist should be administered at the end of this module to assess any improvements in this area and to evaluate continued distress. If the client continues to endorse stigmatizing beliefs that are very distressing, you should encourage the client to participate in the Dealing with Negative Feelings Individualized Module, where a more detailed version of Cognitive Restructuring is taught and practiced.*

*Changes in the Post-Psychotic Symptom Checklist completed at the beginning of topic #1 (Telling Your Story) and the end of topic #2 ( the Challenging Self-Defeating Thoughts and Beliefs) can be used to assess improvements in posttraumatic symptoms related to the episode of psychosis. Scores below a total of 45 indicate that the client probably does not have clinically significant posttraumatic stress symptoms related to the episode. If the client continues to have distressing posttraumatic symptoms, he or she should be encouraged to continue to practice the cognitive restructuring skill, and to share his or her story with people he or she feels close to. Clients who have significant distress related to their episode may benefit from participating in the Dealing with Negative Feelings Individualized Module, where a more refined version of cognitive restructuring is taught and practiced.*

**Follow-up**

If it would be helpful to have some further discussion and consultation regarding this case, please consider bringing it back to ECHO EPI-SET in the next month. To do so, please connect with: Abanti Tagore (abanti.tagore@camh.ca) and Andrea Alves (andrea.alves@camh.ca).