

## Recommendation Form

**Date:** February 5, 2021

### Case Synopsis:

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

29 year old transgendered female to male. He is unemployed and is receiving Ontario Works. Completing his GED. Lives at home with his partner. Originally from the Caribbean.

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

Had a brief voluntary admission in August 2020 for paranoia and thought broadcasting. This was thought to be a substance-induced psychotic episode. He was started on risperidone and followed up with a community psychiatrist. In September 2020 he was diagnosed with psychosis NOS. His psychotic symptoms persisted.

He presented to the ED in November 2020 after calling the police and expressing paranoid ideas. His antipsychotic was switched to aripiprazole, which was less effective at managing his thoughts, irritability, and aggression. He started with the First Place Clinic in December 2020 and his antipsychotic was later changed back to risperidone by his Early Intervention team.

He continues to experience psychotic symptoms, which are having an impact on his relationship and his ability to maintain work. He is beginning to demonstrate some insight into his behaviors and their impact on his goals, relationships, employment. He tends to paint a better picture of his functioning than it really is.

He has a history of marijuana and alcohol use. Recently he has abstained from both.

Immigrated to Canada as part of the UN refugee program in 2018. His biological family is not involved in his treatment. He never met his father. His mother did not approve of his decision to transition. He has been living on his own since the age of 16. He has 2 children who are living with their stepmother in Jamaica. He hopes to bring them to Canada.

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

Aggression, destroying own property in response to intrusive thoughts.

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.

He was initially on risperidone 0.5mg, and later on aripiprazole 5-10 mg. Compliance was an issue due to lack of income and drug coverage. He is currently on risperidone 1 mg, with some response. He now has drug coverage and the goal is to transition him to a long-acting injection

He has completed the initial IRT module and some of the topics in the assessment and goal setting IRT module.

He has been receiving employment and education support. Has had difficulty maintaining employment due to his symptoms, though does not actively seek out support from SEE when

difficulties arise on the job site.

His partner has been receiving family education and support.

In addition to his EI team, he is receiving care from a community health center and is receiving individual CBT.

Client's goals: Employment, diet/exercise, healthy relationship, bringing his two children to Canada, substance abstinence

Client's strengths: Open minded, persistence/commitment to improving well-being. Receptive to learning/education and applying healthy coping mechanisms.

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

1) How to support the client in maintaining employment. His limited insight into symptoms has been affecting his functioning on the job.

2) How to support/maintain his relationship with his partner. She is the only relationship he has, and he frequently accuses her of infidelity which are part of his intrusive thoughts

**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. Exploring the origins of the client's troubling thoughts may provide further insight into triggers, and may provide specific information that could be amenable to further interventions Eg. CBT for distorted thinking.
2. Explore the patterns of symptoms and behaviours. Performing a retrograde analysis of these patterns may help to provide further insight into additional triggers.
3. With regards to IRT, one may need to be flexible with the order in which modules are presented. Consider jumping ahead to modules that have relevance to the current situation.
4. Continue to involve his partner in safety and wellness plans. It may also be helpful to involve her in IRT sessions to help with reinforcement of the content covered.
5. Continue to work with his partner on establishing healthy boundaries.
6. With regards to employment, perhaps role-playing challenging situations could help prepare the client for real-world situations. Also consider collaborating with employers to see if additional supports can be built into the job. eg job-shadowing to start.
7. Optimize dose of antipsychotic.
8. Collaborate with his individual therapist so that CBT skills can be reinforced in appointments with his EI team.

**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: Brannon Senger ([brannon.senger@camh.ca](mailto:brannon.senger@camh.ca)) and Andrea Alves ([andrea.alves@camh.ca](mailto:andrea.alves@camh.ca)).