

Recommendation Form

Date: February 19, 2021

Case Synopsis:

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

24 year old unemployed single male living at home with is mother and stepfather. He is financially supported by his mother. His highest level of education is grade 9. He had an IEP for an unspecified learning disorder.

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

Assessed by psychiatry in July 2020 after he was seen in the ED. He presented with auditory and visual hallucinations, and paranoia. He has a history of comorbid PTSD, agoraphobia, and social anxiety and was seen by a youth mental health service from the age of 11-13.

Client began using cannabis when it was legalized. He is currently smoking about 2.5 g on weekends. After being diagnosed with psychosis he was able to maintain a 3-4 month period of abstinence.

Client has been socially isolated, having not attended school or left the house prior to presenting to the ED in July 2020. He has a couple of friends with whom he plays video games, and talks to them online. The client reported that he has plans to move to the United Stated to live with these friends.

He has experienced a number of traumatic events. As a child he was exposed to domestic violence. He also found a neighbor deceased. Mother reported that he was being groomed by a Pedophile who was incarcerated for this crime. At the age of 11/12 he was home alone during a house fire.

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

Sometimes when he feels really down and experiences some passive suicidal thoughts but has no intent or plan of self harm.

Client worries about experiencing angry outbursts. In one incident he ended up breaking a doorframe and threw away his medication. The client reported this was a direct result of his mother reminding him to attend his EPI appointment.

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.

Client has expressed a desire to work on his mental health. His goals are to be/feel normal, to be able to have conversations with people without feeling uncomfortable, and to move to the US. He is kind and attends appointments regularly.

Client has been engaging with IRT and is on the wait list for SEE.

Family is registered for the next Family Education Group.

Client was previously treated with aripiprazole 5 mg, which was eventually increased to 10 mg and then recently transitioned to Maitena 400 mg IM to improve adherence. He is also on sertraline 150 mg.

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

- 1) How to move forward with exposures during a pandemic?
- 2) How to motivate him to become more independent and not rely solely on his mother?

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. Consider peer support as a way to engage clients
2. The peer support worker could also be engaged to participate in exposures for clients with social anxiety
3. When there is tension about care in the relationship between the client and their family members, the family clinician could encourage the parent to "step back" and allow the client to have some more autonomy in his care.
4. Family members could also be encouraged to ask permission to provide any additional support; this will allow the client to retain a sense of control.
5. A family meeting could also be used to discuss and agree on plans for family involvement in the client's care. It can be helpful for the IRT clinician and the client to plan first what will be the goals of the meeting and explore anticipated barriers. It is important to include some positive reinforcement so that the client does not feel attacked or criticized.
6. Goal-setting can be used to expand the client's daily activities; if they enjoy video games, they might enjoy other activities that use their hands
7. Trauma can impact the way clients interact with their providers and families, and should be kept in mind and gently explored when appropriate

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) and Andrea Alves (andrea.alves@camh.ca).