

Recommendation Form

Date: December 4th, 2020

Case Synopsis:

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

19 year old male, lives at home with mother and step-father.
 Employed in a training program.
 Supported by mother financially.
 Support system: Mother and First Nations counsellor and EIP

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

Diagnosis: Schizophrenia; referred to EIP in Feb. 2019 after 75 day admission with early psychosis symptoms; had previous admissions to the Child and Adolescent Mental Health Unit for query psychosis and suicidal ideation 2015 – 2016,
 Currently admitted to inpatient psychiatric unit with psychosis symptoms and suicide attempt.
 Substance Use Disorder (stimulants, cannabis, alcohol, hallucinogens), ADHD (per patient)
 ETOH, Cannabis, Molly, MDMA, Vyvanse – recent; past use: also in combination with present use was over the counter cough syrup, antihistamines, codeine

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

Currently on a CTO – incapable to consent to treatment for anti-psychotic medication.
 Father deceased, when client was 7 years old.
 No criminal history.
 Head trauma as a child.

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.

Completed first 3 modules of IRT (Orientation, Goal setting, Education about psychosis)
 Start modules 4 and 10 (Relapse Prevention Planning, Substance Use)

Patient currently on Aripiprazole LAI. We reached this medication after issues with insight (not appropriate for oral medication) and tolerability (potential EPS and weight gain with other agents)

Family completed all components of FE with Navigate

Strengths: He connected with adult education program and employment program on own initiative.

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

1/ Looking for tips or strategies to keep momentum with Navigate IRT when a client has short attention span?
 2/ What are your strategies/tips to manage concurrent substance use in an EIP setting, especially when it is the major reason for decompensation in the community?

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.):

- Focus in on building healthy relationships and effective communication skills, possibly within the IRT material.
 - Meet client where he is at, refrain from telling the client what to do.
 - Continue to involve First Nations counsellor in joint session
1.
 - Try to change the environment, go for walks, and engage in a different setting while delivering IRT material.
 - Investigate options that can improve focus; chunking material into small pieces, using fiddle items, taking breaks, explore what the school interventions have been using for sustaining focus.
 2.
 - Reviewing stages of change, linking where he is at depending on those stages of change, help the client prepare to make changes in relation to his substance use.
 - Engage in MI and relate to goals, and what he wants for himself.
 - Build on momentum while in hospital, look at residential treatment and create a plan for this before being discharged.
 - Educate family on MI, and establishing boundaries with respect to substance use at home.

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).