Project ECHO® EPI-SET

Recommendation Form

Date: **January 8, 2021**

Case Synopsis:

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

17 year old female, in grade 12 currently. Works part-time as a cashier at a grocery store. Lives with her mother, father, and older sister.

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

- Diagnosis unclear at this time. Previously diagnosed with schizoaffective disorder, though a diagnosis of bipolar disorder has also been considered.
- History of episodes of depression with suicidal ideation and attempts at the age of 13, 15, and 16, with the last 2 attempts requiring hospitalization. Her attempt at the age of 15 required a short stay in ICU.
- At some point between November 2019 and April 2020 she was diagnosed with schizoaffective disorder and treated with Abilify. Due to tolerability issues this was later switched to oral paliperidone.
- In Sept 2020 she had a psychiatric admission due to suicidal and homicidal ideation, irritability, grandiose thinking, auditory hallucinations, belief that TV was talking to her and that people can read her thoughts. Her discharge diagnosis was Schizoaffective disorder, and she was discharged on Abilify Maintena. She was referred to EPI on discharge from hospital. She was receiving psychiatric care from an outpatient clinic that is separate from the EPI program. There she was given various diagnoses including suspected schizoaffective disorder, suspected factitious/possible malingering. Abilify Maintena was discontinued and quetiapine was initiated.
- After a presentation to the ED in December 2020 the diagnosis of bipolar disorder was raised.
- Substance use: Intermittent alcohol use (monthly).
- Family History: Mother and older sister have a history of anxiety. Unconfirmed bipolar disorder in her father. Three family members on maternal side with bipolar disorder.

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

- As noted above, history of suicidal ideation and suicide attempts.

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.

- Previously connected to Compass (formerly known as Child and Family Center) for mental health support and check ins, though withdrew from their services in December 2020.
- Previously connected to NELHIN – Mental Health and Addictions (MAN) Nurse who provided ongoing mental health support and check-ins at school. Withdrew from this service in December 2020.
- Has a child and adolescent psychiatrist outside of the EPI program for medication management.
- Ambivalent about EPI involvement. Expressing interested in health related goals, i.e. diet and exercise; not interested in learning about psychosis
- Parents are very involved, have asked to attend all IRT sessions

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

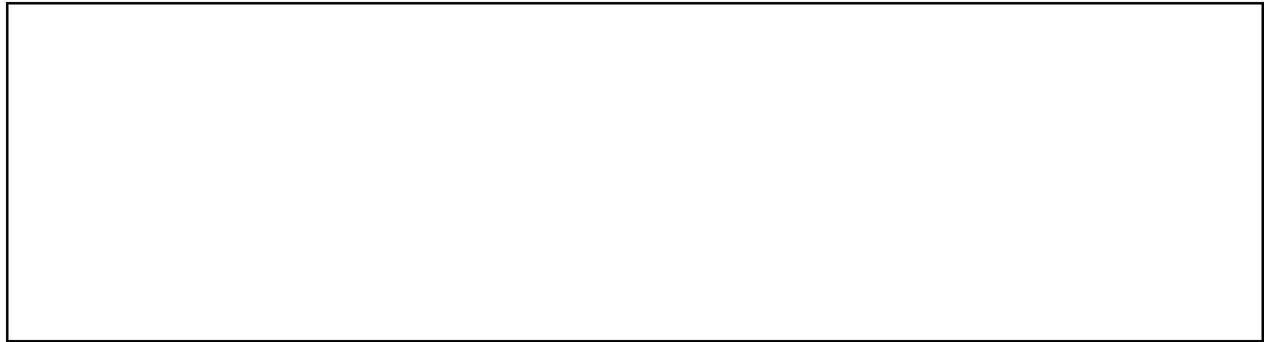
- Does the IRT and/or Family Education move forward in delivering Navigate when there is no clear diagnosis?
- Parents are insistent on receiving education on psychosis and to begin FE, and for daughter to begin IRT with them present. How to address family's expectations?

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. Diagnostic uncertainty is not uncommon early in the course of psychosis. All of the elements of NAVIGATE are relevant even when the diagnosis is unclear. The psychoeducation may focus on the differential diagnosis and what the client/family identifies as their presenting concern
2. When it is unclear if clients meet criteria for the program, it is still valuable to provide the full range of services (at the "risk" of building rapport and trust with the client and family). It is useful to be open about the need for additional time and information to establish a diagnosis, and that if the diagnosis is not psychosis there are other services that are better positioned to provide care.
3. Exploring the client's interests, and using specific IRT modules relevant to these, can be a useful tool in building engagement.
4. Collaborating with all care providers, eg. prescriber, might be helpful in encouraging the client buy into the relevance of NAVIGATE.
5. It is helpful to engage family members right from the beginning of care. The relative balance between individual vs. family meetings may change over time.
6. It is important for the client to have some time to meet with the clinicians without their family. IRT in particular should be driven by the client. Family members can be brought in from time to time (e.g., to support behavioural activation). Scheduling an appointment with the family clinician while the client has an IRT, SEE, or prescriber appointment can be a useful strategy.



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).