

Recommendation Form

Date: November 6, 2020

Case Synopsis:

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

- 23 year old male with high school education, currently living at home with mother
- currently enrolled in LU Business Program. Taking one course. Has limited insight into his illness to understand why he is only able to accommodate one course.
- Working at his mother’s Tax Preparation Business in an IT role at limited capacity due to inability to complete tasks on hand. Has grandiose idea’s that it is his business to run and thinks he must save the business from bankruptcy.
- Current supports include immediate family, mother and sister.

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

- Client had a two week admission for an episode of psychosis in August 2020. He was brought into ER after police found him in his room with cuts on his wrist, empty bottles of alcohol and marijuana in his room. He presented with thought disorders, thought blocking and paranoia.
- The odd behaviours were first noticed by his mother around March 2020. He was compulsively washing his hands, fixated on COVID-19 conspiracy videos, news and asking his mother that they leave the city. He had become overly concerned with his mother’s health and wellbeing often referring to a time when their business computer was hacked and some money had been lost. His sister provided collateral information on the state of his paranoia through text messages; believing the mafia was after him, wanting him to be dipped in drums of acid, having home phone lines tapped and getting stomach cancer in the hospital. The client has refused to sign consents to release more information from hospital, citing he had a bad experience.
- Current challenges include lack of adherence to treatment, difficult to create good rapport and trust, lack of participation in sessions (often citing he can’t answer questions due to personal reasons), unwilling to sign consents, involve family more regularly. Often states he only attends appointments because he made a promise to his mother. Insight limited.
- Recently his mother has noticed small improvements, less resistance to taking medications, he no longer stays in his room in the dark, blinds up and lights on during the day
- Identifies he has and is under significant stress
- Substance Use: Alcohol, marijuana and cocaine in the past. Currently none known as per family.
- Past Psychiatric History: 2 week admission in August 2020 for psychosis. Two previous hospital visits for suicide and self harm in southern Ontario.
- Client born/raised in Thunder Bay. Previously lived in southern Ontario, and two US states where he played baseball as a youth. Returned to Canada after his father passed away. Was placed in a special needs program in grade 2 for delayed speech but was

removed from the program as there was no need. Attended two universities in southern Ontario where he had a suicide attempt, he started using cocaine, marijuana and began his paranoid behavior (often threatening self-harm to his sister) and subsequently moved back to Thunder Bay. No legal history

- Trauma: Father's death (approx. 5 years ago), sexually assaulted by a male while in school in US, bullied as a youth while he was in the special needs program for delayed speech (often speaks of this), cites his most recent hospitalization as a "bad experience"

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

- Suicide attempt while at school in the southern Ontario. Cutting wrists. Violently pushed mom on occasion.
- Two concussions at age 17 & 18 playing baseball. No LOC

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.

- Risperidone 1mg PO BID, however, he was not compliant as he didn't like the sedating effects and is currently taking Abilify 5mg PO OD. Refusing dose increase, declining side effect screening tools. Has declined LAI
- Coping strategies, and crisis management reviewed with family. Currently client is refusing to sign agency consents to involve family in NAVIGATE material. Crisis support provided to family pre intake. Boundary setting skills with family.
- Smart and bright, motivated to achieve goals but insight into illness limits his motivation, physically active, good family support

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

- 1) How can the team engage the client more effectively to subscribe to the benefits of continuing medication treatment and increasing medications to an effective dose? The client is treatment capable, has little-no insight into illness and what are the least invasive methods.
- 2) How can the team continue to support the family during this early period of treatment and how can the team engage the client into the NAVIGATE ECHO EPI-SET program, and open up about his illness.

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.):

- Prioritize rapport-building. One may not be able to move through NAVIGATE sequentially and in these cases, it might be helpful to allow clients to guide discussions and follow client's lead
- Re-evaluate the balance of focus placed on client vs family, work with mom and client separately
- Frame discussions about medications around client's subjective benefits of treatment
- Consider engaging other interpersonal supports (e.g. peers)
- Family and client may find the website epicanada.org a helpful resource

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).