

Recommendation Form

Date: December 18th 2020

Case Synopsis:

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

Male, 21 years old; completed 2 college programs - was interested in university; income is from his employment; currently living with dad; social support: father, mother, EPI
Connected with SEE, IRT

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

Client was living with his father who was quite controlling. During his final year at college, he was doing a placement where he was being paid. He did not tell his dad and tried to hide this fact. The T-4 came by mail and his dad opened it and became very angry that his son had been deceptive. He decided to leave his dad place and stayed in residence while using his saving to pay for his residence on campus. His guilt over his actions weigh heavy on pt and this increase stress (pleaser mentality) began to affect all aspect of his life. Unable to sleep, decrease eating, increase paranoia, disorganized thoughts, poor hygiene, racing thoughts/pressured speech, thought blocking and suicidal thoughts led to his hospitalization. The working diagnosis was Bi-polar 1 with psychotic features.

He was born in Pakistan and initially lived with his parents until they separated. His dad was very physically abusive to his mom and two older brother. At 10 yrs his parents separated, his dad took pt and his younger brother and pt did not have contact with his mom again until he was 16 yrs. Mom was advised to give up custody by her lawyer. They resumed contact after pt was on his own, but by this time he began to decompensate due to increase stress. He then returned to live with her during his recovery and stabilization.

No substance use.

Past Hospitalizations:

RVHS – Centenary 22/12/18 for 11 days for psychotic symptoms

RVHS-Centenary 25/02/19 x 11 days, relapse due to poor med compliance.

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

During his episode he threatened to jump off his balcony.

No medical condition.

Co-morbid diagnosis: Generalized Anxiety Disorder

Trauma history: Witness the physical abused of his mom and two older brothers at the hand of his dad.

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.

Goal:

- Get a job in his field

Client has been quite motivated and engaged. While he was staying with his mother, she was engaged in the family support group. Client has been connect with SEE and IRT. He has been complaint with his medications as well.

Treatment goals:

- Continue with medication as prescribed
- Unsure of the next steps as client's work goals had changed (unsure if this based on the influence by his father or the distance)
- Patient now works mon-fri 9-5; lives an hour away: these are barriers to engagement in treatment

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

- Client has completed all required IRT sessions: now what?
- Client is now living with his father: there were conflicts between them which had led to a hospitalization in the past
- Client wishes to stay at the current job but get more experience: is this client's wishes or fathers?
- How can client be engaged and what the next steps could be?

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.):

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| <ol style="list-style-type: none"> 1. Trauma Counselling for client: <ol style="list-style-type: none"> a. Referral to external service b. Support client in understanding how his past trauma has affected his present; understanding how that has affect his present behavior or actions 2. Speaking with client about understanding how living with his father will affect his relationships and what his next steps could be depending on the choices he has to make 3. Work on interpersonal skills with client such as boundary setting, being responsible, being independent, being aware of what his surrounding and what he needs to meet his goals 4. Revisit the IRT modules: <ol style="list-style-type: none"> a. Go through the goal setting module, remind client what his goals had been, what he has been able to accomplish and what his new goals are; what are his goals for recovery right now; 5. Family support: <ol style="list-style-type: none"> a. Reach out to client’s father and supporting him through the family manual; explaining to father that since client is staying with him, it would be important for him to be part of his care 6. SEE support: virtual networking opportunities, meet ups: this would support client in keeping interest in what he had wanted to do and to remind him of that |
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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 Rameiya Paramalingam (rameiya.paramalingam@camh.ca).