Recommendation Form

Date: **October 16, 2020**

Case Synopsis:

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

Black male in his late 20s
Had completed part of a psychology degree but was then accused of sexual assault, developed psychosis, and dropped out of school
Admission to hospital 2018
Worked on and off due to mental health symptoms
Currently receiving CERB and living with parents
Parents supportive but do not engage with the Family Support Worker

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

Working diagnosis of schizoaffective disorder
Past stimulant use prior to engaging with EPI, no current substance concerns
No shared family psychiatric history
No previous school engagement concerns
Some friends he continues to engage with

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

2 previous suicide attempts. Most recent related to stress related to lack of employment and debt
At times level of stress becomes very high and engages in catastrophic thinking and hopelessness and translates into suicide being considered as an option

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's main goals: to get rid of voices, complete school, get a job, start playing more sports
Over the summer received CERB, which relieved financial stress
Biggest concern is ongoing intense voices which pop up several times throughout the week. Only coping strategy is going to sleep
After several medications trialed, started on clozapine in the community
Clozapine helping with the intensity of the voices, however have not brought full reprieve
Client focused on medication being able to fully resolve voices and consistently asks for dosage to be increased
Attempts to build coping strategies and he is very resistant to this
Common thoughts from client "if clozapine doesn't work then I am going to be in a dark place"
Reaches out regularly in the middle of the night to worker sharing that voices are high and distressing

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

1. If questioning whether psychosis is the primary, should we be pulling back from NAVIGATE?
2. When person values medical approach, suggestions for how to encourage engagement with psychosocial strategies?
3. What components of NAVIGATE would you recommend and suggestions for hwo to introduce it to increase likelihood of buy in with the program?

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.):

It is important to take time to understand the client's developmental history and validate their journey to build a therapeutic relationship and therefore service engagement
NAVIGATE and particularly IRT can be used to help understand the person's experience and develop rapport (e.g., Orientation Module) as well as identifying strengths and goals
Many components of NAVIGATE can be useful even beyond psychotic disorders – e.g. behavioural activation and cognitive restructuring in IRT for depression and anxiety, etc.
If the family is not engaged in receiving family support and education, it can be helpful to provide psychoeducation on the benefits of family involvement even by sending content by email
With respect to clients preferring a "medical approach" (e.g., medication over other treatments, prescriber over other team members), psychosocial treatments ARE evidence-based interventions!
It may be helpful to do some psychoeducation on the evidence for the other NAVIGATE components, and to try to incorporate the medical approach to treatment and recovery into the psychosocial approach.
If the person puts additional value on the prescriber's perspective, having joint appointments can help build engagement with the other team members
The IRT "Healthy Lifestyles" module can be casually introduced during metabolic monitoring/clozapine bloodwork
The IRT "Coping with Symptoms" module has some very practical strategies use reduce distress around voices. Cognitive Restructuring, either formally or introduced informally into conversations, can also be used to challenge symptoms/ideas about illness. The IRT "Building Resiliency" module can also help engage clients when they are not feeling hopeful.

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).