Recommendation Form

# Date: October 13, 2023

**Case Synopsis:**

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

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

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| 23 year old female, completed high school, has some college education. Lives with her mother. Working diagnosis: bipolar disorder, which client disagrees with.Developmental History:* Mom used cannabis daily while pregnant, normal delivery, 2 weeks past due date, no delays in milestones, no learning difficulties
* Parents separated when she was 9 years old, but co-parent well together
* Difficult transition to high school due to bullying, attended summer classes
* Treated with Risperidone for aggressive behavior (age 13-17)

Social/Legal History:* Currently has no social circles, previous connection to local Muslim community, religiously married (partner lives in the USA). She has an older sister and older brother, but poor relations due to her religious beliefs
* No substance use

Trauma History:* Unwilling to share possible traumas, references “past regrets” “poor decision making”, bullying, blaming parents for current presentation (ie: not taught good social/life skills)

Hospitalizations: June 2023, August 2023, September 2023 (presently admitted voluntarily)  |

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

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| * Aggressive and impulsive outbursts – throwing items in mom’s home and hitting herself
* Co-Morbid Diagnosis:History of anxiety, depression, eating disorder
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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.

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| Medications: Seroquel 200mg PO qHS , Lamotrigine 200mg PO qHS, Cipralex 5mg PO OD Goals:Complete College DegreeStrengths:Intelligent, determined, will utilize coping strategies although currently feels of no benefit, family support, continues to attend appointments, uses her supportsBarriers:Willingness to share past regrets, no relief from any treatments, stuck in persecutory beliefs around religion, lack of insight into bipolar diagnosis and hesitancy to accept treatment recommendations Progress through EPI* Limited due to acuity of illness and three hospitalizations since June 2023
* Client, family intake completed, psychiatry consults x2

Progress through NAVIGATE Length of time in service: August 2023 – present IRT Modules: Guide to relaxed breathing, coping with anxiety Prescriber: diagnosis of SSRI induced mixed episode with psychotic features, rule out bipolar disorder; persistent depressive disorder, with current major depressive episode with anxious distress.Current impression is that client is experiencing depression and potential negative symptoms. Prominent rigid thinking and resistant to reasoning. Client believes she just needs to go back on an antidepressant. Education provided on the risk of antidepressant monotherapy. She was agreeable to adding Seroquel. SEE: Support with return to College, crisis management FE:Education started Peer Support:None  |

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

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| 1. How to engage client when she does not believe anything will help, no hope, this seems to be tied  to persecutory beliefs related to faith ( i.e., things from her past that she did that were viewed as wrong based on current faith and causing great deal of distress)
2. How to navigate conversation surrounding her faith, rigidness in belief, inducing stress over thoughts of going to hell
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# 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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| 1. At this early stage in EPI care consider focusing on building alliance and collaboration:
* Rather than challenging client’s fixed beliefs consider points on which the team and client can agree on.
* Focus on validating the emotions underlying her experience. This may allow her to share more.
* Explore client’s disagreement with diagnosis of bipolar disorder (mania)
1. Consider an MI approach to accepting treatment Eg. Explore the discrepancy between her current situation (conflict in family relationships, disruptions in life caused by hospital admissions etc) and where she would like to be.
2. Publications by Dr. Amador may be a helpful resource to guide working with individuals who lack insight into their illness.
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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: Rakshita Kathuria (rakshita.kathuria@camh.ca).