

New Journeys Clinical Example:

Megan Smith

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New Journeys Integrated Summary Example

Agency: Mount Baker Community Services
Client Name: Megan Smith
Client Address: 23 North Ferry Way, Seattle, WA
Client Phone: 981-555-3645
Date of Birth: 5/3/1998

This assessment was completed over the first four weeks of Megan's involvement with the Mt. Baker New Journeys team. Information for this assessment was gathered by the New Journeys team from the following sources:

1. Comprehensive assessment interviews conducted by the following New Journeys team members:
 - a. Program Director/Family Education Specialist, Jennifer Tan, LICSW
 - b. Psychiatric Care Provider, Sophia John, MD
 - c. Individual Resiliency Training (IRT) Specialist, Jack White, LICSW
 - d. Peer Specialist, Myra Dean, BA
 - e. Supported Employment and Education Specialist, Larry Jones, BSW
 - f. Case Manager, Jill Green, BA
2. Outreach contacts and direct observations by above New Journeys team members
3. A physical health exam by Mount Baker Community Services nurse, Katherine Walker, RN
4. Previous medical records:
 - a. Assessment summary from previous therapist, Denise Rowe, LICSW
 - b. Records from Sunrise Hospital
5. Megan's mother, Debbie Smith

Mental Health

Megan Smith is a 19-year-old Caucasian, heterosexual who identifies as non-binary and uses neutral gender pronouns (they, them, their). Megan was referred to the Mt. Baker New Journeys team following a month-long hospitalization towards the end of their first semester of college. They carry a diagnosis of schizoaffective disorder, bipolar type and currently live with their mother and brother while they are on medical leave from college. They are unsure they want to be in treatment, as they see treatment as conflictual with their desire to return to school. Megan's mother is actively involved and Megan appears to be willing to have mom engaged in treatment.

Megan's first exposure to the mental health system came at the age of 12, following the death of their father in a car accident. Megan's mother reports that Megan experienced intense feelings of sadness, over-sleeping, and weight loss from lack of appetite during the three months following their father's passing. Both Megan and their younger brother (now 16), Jack, attended weekly supportive psychotherapy sessions with private therapist, Denise Rowe, LICSW for one year after the death of their father. Over the course of that

year, Megan returned to baseline functioning, stopped seeing their therapist, and has not reported any subsequent episodes of depression.

Megan progressed through middle and high school as a strong student, earning mostly A's and B's, participating in cross-country track and soccer, and interacting with a large circle of friends. Megan and their mother report a strong, close relationship with one another and between Megan and their brother. Megan graduated from high school on schedule in the top 10% of their class and was accepted to the engineering program at University of Washington (UW).

In the summer preceding their first year of college, Megan's mother reports that they became more withdrawn and less talkative at home. Megan says they were feeling anxious about leaving their friends behind to go to college. At a party that July, Megan smoked marijuana for the first time, which they said helped them feel more relaxed. They began smoking more heavily, but noticed increasing feelings of unease when smoking, so stopped by late August.

Megan began college in September, which they describe as being very stressful. Megan planned on majoring in biomedical engineering, so enrolled in five challenging, lab science courses and reports struggling to pay attention in class and understand the material, as compared to high school. They report mainly staying in their room when not in class, due to increasing anxiety over needing to study and nervousness around unfamiliar students. Megan's mother reports getting phone calls from Megan during this time where they described a sense that other students were laughing at them "for being stupid." Over the fall semester, Megan became increasingly isolative, began receiving poor marks on tests, and had stopped attending classes. They report not feeling safe in their dorm, so spent several nights pacing around the steps of the school's chapel, sleeping not at all or in small, less than two-hour naps; they say they went to the church because their father speaks to them at night, saying that he would protect them. In early November, Megan confronted their roommate, whom they believed was secretly drugging them with marijuana in an attempt to sabotage their engineering career. When they began destroying their roommate's possessions, police were called and detained Megan, after which she was admitted to Sunrise Hospital.

Clinicians at Sunrise Hospital noted agitation, disorganized and tangential speech, self-dialoging in response to continued auditory hallucinations of their classmates, and a stated belief that they were there because, "My roommate is jealous and setting me up because I am better at engineering and am the smartest person in the country." They noted poor hygiene on admission, decreased facial expressiveness, and little interest in joining inpatient groups. They tested negative on admission for recreational drugs. After a brief trial of aripiprazole that was discontinued due to side effects, Megan was stabilized over the course of four weeks on risperidone and released to the care of their mother in Seattle in early December. Some less bothersome auditory hallucinations and paranoia persisted after symptoms of mania resolved. They were diagnosed with schizoaffective disorder, bipolar type.

Megan came to the New Journeys team in early December, where they and their mom were interviewed separately. The team noticed an overall flat affect and lack of detail in responding to questions, though it is not clear if that is entirely due to negative symptoms or to their stated frustration at being forced to answer more questions. Megan no longer hears the voices of fellow classmates in college or the voice of her father, but continues to believe their roommate drugged them and that they are not wanted back at school by friends or professors. They continue to isolate in their room. They deny all suicidal and homicidal ideation.

Megan does not agree with their diagnosis of schizoaffective disorder. They feel they had an “anxiety attack brought on by all the weed my roommate was secretly feeding me,” which was similar to their experience when experimenting with cannabis over the summer. They think therapy is “pointless,” and that they are better now that they have had time to “detox from being drugged.” Megan describes being hospitalized as one of the worst experiences of their life, and repeatedly asks for reassurances that they will not be hospitalized again. They do not want to continue taking medication because they attribute drugs in general as being the source of their problems.

Personal Strengths

Megan has many strengths. They identified using their sense of humor to cope with some of the challenges in their life and have even considered doing some open mic nights for standup comedy in the past. The team noted the incredible tenacity, hard work, and intelligence that it has taken for Megan to achieve what they have academically. Similarly, Megan is very athletic and was a hardworking and beloved member of their soccer and cross-country teams; their senior year, team voted to give them an award for their sportsmanship after their work training new freshman recruits. Megan is also a loving and committed family member; their mother speaks often of how resilient they have been throughout their life and how their brother looks up to them and comes to them for advice.

Physical Health

Megan denies any major, current concerns related to their physical health. They broke their collarbone playing frisbee in fourth grade and they have a mild cat allergy that they manage by avoiding cats and taking PRN over the counter allergy medication. Otherwise they have no significant medical history. Megan has been seeing a primary care physician annually and a dentist bi-annually; they continue to be in their care and last saw both of them in August 2018.

Megan has a history of athleticism in high school and was physically active in college. They have not gone to the gym or gone running post-hospitalization. Additionally, since the onset of paranoia, they transitioned to mostly eating microwaveable noodles only. This behavior has persisted at home.

Megan generally falls asleep around 1 am and wakes up around noon. They shower just about every day at their mother’s insistence.

Medications: Megan had never taken psychiatric medication prior to their hospitalization in November 2018. They were initially started on 2 mg of aripiprazole in the hospital but, after 3 days, they observed and reported severe akathisia prompted a switch to risperidone. Megan was started at 0.5 mg risperidone and titrated up to 2 mg at discharge. They have shown a partial response; their symptoms of mania have resolved while auditory hallucinations decreased significantly, though paranoia around their classmates remains. Now that they are discharged, there is some concern of non-adherence, though mom reports watching them take their medications on “most days.”

Given their response to the medication, the plan is to slowly titrate the risperidone up (0.5 mg every 4 weeks) to see if symptoms improve at a higher dose. They are not currently willing to increase their medications, as they feel they are unnecessary and maybe even harmful. They report to only be adhering to medication recommendations because their mother insists. Since starting their antipsychotic regimen in November, Megan has gained 6 pounds. They currently score a 0 for “Absent” on every item of the AIMS and they are showing no clinically significant abnormalities on metabolic labs, per most recent test on 12/15/18.

Substance Use

Cannabis Use: Megan reports heavy cannabis use (multiple joints/day) in the summer prior to their first semester of college. They used it to manage anxiety as well as recreationally with friends, however, they reported an increase in paranoia-like symptoms and anxiety with increased use, leading to them stopping all cannabis use by the end of August 2018. They report they have abstained from smoking cannabis since then. However, they attribute their psychotic symptoms to their roommate sneaking cannabis into her food. Their most recent u-tox screen at the hospital in November 2018 was negative for cannabis.

Other drug use: Megan reports several instances of drinking 5-8 beers in an evening with friends in the summer prior to college and in the first month of attending college. They reported no interference in their life from those episodes of drinking, aside from “feeling hungover” the next day. Their drinking was limited to parties on the weekend. They report sobriety from alcohol since October 2018. Megan says they may drink more if invited to parties, but they do not feel like this will cause them any issues and are not interested in changing alcohol intake.

Megan reports no other drug use.

Education and Employment

Megan was a very strong student throughout their K-12 education, earning A’s (in math and natural sciences) and B’s (in humanities and social sciences) in all honors and AP classes in high school. They report a passion for natural sciences and a desire to one day be a biomedical researcher; they want to graduate college and then attend graduate school in

biomedical engineering. They received failing grades on their mid-terms during their first semester of college, which they attribute to other students, particularly her roommate, trying to sabotage her career as an engineer. They do report that they had more difficulty with concentrating and retaining information in class during this time. They are currently on medical leave from university. Their grades for all of their classes are currently marked “incomplete due to medical reasons.”

Megan would like to return to school as soon as possible but also reports anxiety about their poor grades this past semester as well as concerns that their roommate and other peers, as well as their professors, don't want them to come back.

Outside of academics, Megan has an employment history of working four days a week at a local ice cream shop every summer since the age of 14, where they would scoop ice cream, make milkshakes, manage inventory, and update daily signs outside the shop. The summer of their junior year, they were promoted from scooper to manager, where they ran the cash register and opened/closed the business. Megan enjoyed this work, in particular the social aspects. They are not currently working or volunteering.

Psychosocial

Developmental: Megan's mother does not endorse any pregnancy complications from her pregnancy with Megan, nor does she report them being delayed in meeting any developmental milestones. Megan has never been diagnosed with a learning disability or developmental disorder.

Family of origin: Megan is very close with their mother and Jack, her biological brother, who is three years younger. They also report a strong, close relationship with their father prior to their passing in a car accident when Megan was 12. Megan and their father used to have father-child bonding days on Sunday, where they would go fishing, hiking, or out to lunch; after their father's passing, this ritual was taken up by their mother. Megan has not gone on a mother-child bonding day since their hospitalization. Megan regularly interacts with their younger brother; the two play video games together three days a week and both Megan and their mother describe Megan as taking on a “protective, advising older brother role.”

Megan denies any trauma history growing up outside of the tragic passing of their father, which they describe as the “worst thing that has ever happened” to them, but as something they and their mother and brother were able to get through as a family. No member of their immediate family has been diagnosed with a mental illness; however, Megan's mother says that her maternal aunt had been hospitalized repeatedly for what she describes as bipolar disorder (her description is consistent with a diagnosis of bipolar disorder with psychotic features; describes periods of delusional grandiosity and argumentativeness along with periods of intense depression). There is no significant alcohol or drug use in the family; Megan's mother drinks a glass of wine socially one to two times per week and Megan reports that their brother does not use any substances. There is no gun in the family home.

Friends/Broader Social Network: Megan continues to have a broad network of friends from high school. They describe having two or three extremely close friends that they used to see just about every day, a broader friend group of 10 or so peers that they would see weekly to play sports with, and that, broadly, they were on good terms with everyone in their grade before leaving for college. Megan is in much more infrequent contact with them since their hospitalization. Most of their high school friends are away at college and they are nervous about having to explain why they left school to their friends.

Megan does not feel that they made any friends in college, and still has lingering beliefs that their college classmates were making fun of them, think they're stupid, and don't want them back at school. They do not feel like college was a positive social experience.

Sociocultural

Cultural/Spiritual: Megan identifies their ethnicity as Irish, English, and German; their family has lived in the United States for several generations, and the family does not consider themselves as having a cultural identity beyond being American. Megan was baptized Roman Catholic and attended church regularly as a young child, but stopped attending after the death of their father, though the family continues to celebrate major Christian holidays.

Sexual Orientation & Gender Identity: Megan identifies as heterosexual and has had two boyfriends in their life, with their last relationship ending at the beginning of their senior year in high school "on good terms." Megan is sexually active, but has not had any romantic or sexual connections since their first semester of college. Megan says a romantic relationship "would be nice," but that getting back to school is their focus right now.

Megan came out as gender non-binary their junior year in high school, describing themselves as feeling like "neither a boy nor a girl." While they describe their family as being gender affirming, they describe running into "complete cluelessness" and some negative experiences with some high school teachers, one college professor, their dentist, and some new friends in college regarding their gender identity. "I hate when people assume that I'm just confused about my gender."

Legal: Megan has no significant legal history. The police were called during the conflict with their roommate during their first semester of college; no legal charges were filed. Through Megan was attempting to destroy their roommate's property, no physical violence ensued.

Interests, Hobbies & Leisure: Megan is very interested in sports, having competed in track and wrestling in high school.. They also enjoy going to open mic nights for stand-up comedy and have considered performing. Megan is a self-described "binge watcher" of movies and loves watching new shows on Netflix. They also enjoy spending time with their friends when they are available, usually playing sports or video games.

Completed by: _____

Date Completed: _____

<p>Client's Recovery Goals: <i>"I want to go back to school as soon as I can. I don't want to have to take any more time off."</i></p>	<p>Client's Preferences for Treatment: <i>Unsure they want to be in treatment; see it as conflicting with going back to school See therapy as "pointless" Do not want to take medications Okay with mom engaging in treatment</i></p>	<p>Strengths & Resources: <i>Intelligent, hard-working, tenacious, good sense of humor, resilient, many friends, athletic, strong support from mom and brother</i></p>
<p>Predisposing Factors: <i>Losing father at a young age Family history of mental illness (maternal aunt)</i></p>	<p>Precipitating Factors (What Started It?): <i>Heavier use of marijuana before college Transition to college Increased stress while taking hard science courses</i></p>	<p>Perpetuating Factors (What Keeps It Going?): <i>Working hard at school Lack of insight Lack of close friends in college Concerns that college peers think they are stupid & don't want them back at school Concerned roommate is drugging them</i></p>
<p>Client's Understanding of their Mental Health Status: <i>"an anxiety attack brought on by all the weed my roommate was secretly feeding me"</i></p>	<p>Sociocultural Factors: <i>Gender non-binary ("I hate when people assume that I'm just confused about my gender.")</i></p>	<p>Physical Factors: <i>Weight gain secondary to medications Physical inactivity Poor nutrition Sleeps 1 AM to 12 PM</i></p>

Client's Needs Based on Team's Analysis: *Education & shared decision-making regarding medication; SEE to meet goal of going back to college. Family education for mom; Peer specialist to assist with reducing self-stigma and assisting with personal interests and hobbies; Explore possible IRT to provide education, explore strengths and identify additional personal recovery goals.*

Stages of Treatment: *Please see the definition of each stage on the Stages of Treatment document (Click or check appropriate box):*

- | | | | | | |
|-------------------------|--|-------------------------------------|---------------------------------|--|---|
| Mental Health: | <input checked="" type="checkbox"/> Engagement | <input type="checkbox"/> Motivation | <input type="checkbox"/> Active | <input type="checkbox"/> Relapse Prevention | |
| Physical Health: | <input checked="" type="checkbox"/> Engagement | <input type="checkbox"/> Motivation | <input type="checkbox"/> Active | <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Not Applicable |
| Substance Use: | <input type="checkbox"/> Engagement | <input type="checkbox"/> Motivation | <input type="checkbox"/> Active | <input checked="" type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Not Applicable |

Evidence-Based Interventions to Address Client Goals and Needs *(Click or check appropriate box):*

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Individual Resiliency Training (IRT) | <input checked="" type="checkbox"/> Supported Employment & Education | <input type="checkbox"/> Case management |
| <input checked="" type="checkbox"/> Family Psychoeducation | <input checked="" type="checkbox"/> Health Intervention (specify) <i>address weight gain secondary to risperidone</i> | <input type="checkbox"/> Other (specify) _____ |
| <input checked="" type="checkbox"/> Psychopharmacology | <input type="checkbox"/> Relapse prevention | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Crisis Management | <input checked="" type="checkbox"/> Peer Support | <input type="checkbox"/> Other (specify) _____ |

[Turn over to complete Summary of Shared Understanding for Treatment Planning]

Summary of Shared Understanding for Treatment Planning:

Megan is an intelligent, funny, and compassionate 19-year-old Caucasian gender non-binary person who is an accomplished athlete and student. In high school, Megan excelled in classes and developed a passion for science and engineering, which they decided to pursue in college, and did a great job working with increasing responsibility at an ice cream shop. Currently, after a challenging and stressful first semester, Megan is on medical leave from college. Prior to their medical leave, Megan had some frightening and upsetting experiences in college that resulted in their first psychiatric hospitalization. Megan does not agree with their diagnosis of schizoaffective disorder, bipolar type, and has concerns that others don't want them back at school and think they are stupid; they are also concerned that their roommate will continue to try to drug them with marijuana to sabotage their engineering career. They feel disrespected and upset by their hospital experience. Right now, Megan is still taking medications prescribed at the hospital but has indicated a desire to stop all medications. Megan has many friends from high school, but is nervous about reconnecting with them and talking about their experience in the hospital.

Megan's Employment & Education Goal

RECOVERY PLAN

GOAL(S)

Goals should be stated in the **individual's or family's own words**, and include statements of dreams, hopes, role functions and vision of life.

"I want to go back to school as soon as I can. I don't want to have to take any more time off."

BARRIERS

Describe the **challenges, including challenges as a result of the mental illness or addictive disorder** that stand in the way of the individual and family meeting their goals and/or achieving the discharge/transition criteria. Identifying these barriers is key to specifying the objectives as well as services and interventions in the following section of the plan.

Working hard at school

Lack of insight

Lack of close friends in college

Concerns that college peers think they are stupid and don't want them back at school

Concerned roommate is drugging them

INDIVIDUAL/FAMILY STRENGTHS

Identify the **individual's and family's strengths, past accomplishments**, current aspirations, motivations, personal attitudes, attributes, etc. which can be used to help accomplish goals.

Intelligent, hard-working, tenacious, good sense of humor, resilient, many friends, athletic, strong support from mom and brother

OBJECTIVE WORK SHEET

Which Barrier is this objective intended to overcome? *Lack of insight (sees New Journeys as conflicting with going back to school)*

OBJECTIVE

Objectives = **Incremental step toward goal/measure of progress.**
HOW will person know they are making progress? Using action words, describe the near-term specific changes expected in measurable and behavioral terms. Include the target date for completion, e.g., "Within 90 days, Mr. S will..."

Within 30 days, Megan will be able to list the benefits of SEE in helping them to go back to school (e.g., disclosure of mental illness, establishing reasonable accommodation, assistance with class tutoring), as evidenced by the list she will develop with the SEE specialist.

INTERVENTIONS

Describe the specific activity, service or treatment, the provider or other responsible person (including the individual and family), and the **intended purpose or impact as it relates to this objective.** The frequency, duration and span of time service should also be specified.

SEE Specialist will meet with Megan weekly for SEE services focused on going back to college.

Psychiatric Care Provider will meet with Megan twice monthly, with time to meet with mom at the end of each session regarding shared decision-making and ongoing medication evaluation and management.

Family Education Specialist will meet with Megan's mom weekly to provide family education and support.

Peer Specialist will meet with Megan weekly to engage in peer support services.

