Format

Background (10%)

- Succinctly describe the key mental health issues and relevant background information in this case.
- Outline what additional information you would like to obtain and from whom.

Formulation (35%)

- Construct a succinct psychosocial formulation that will explain and guide treatment and follow-up in language that both the individual and family will understand.
- Outline the salient and important issues that you have considered in arriving at this formulation with reference to developmental theory.
- Describe how you would assess and mitigate risk of self-harm, suicide or other risks.

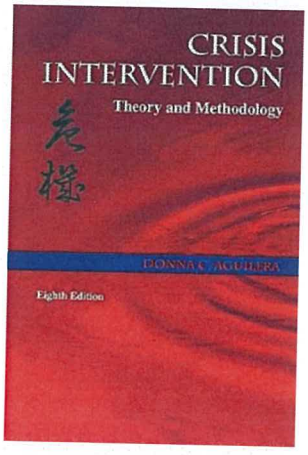
Treatment plan (35%)

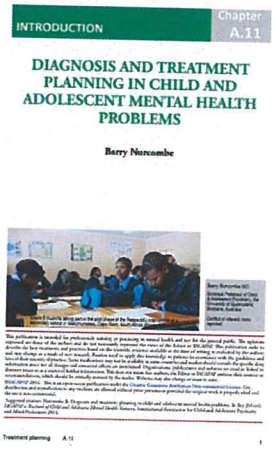
- Outline a plan that will enable the individual to be safely discharged and include recommendations for follow-up and support.
- Outline a prescription for lifestyle advice to enhance the young person's wellbeing.

Letter (20%)

Write a letter to the individual's general practitioner (cc appropriate agencies), provide a discharge summary and summarise your follow-up plan.

We need to formulate the crisis and the underpinning problem...





An extended diagnostic formulation matrix

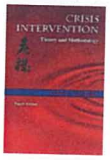
	Predisposition	Precipitation	Pattern	Perpetuation	Protective
Physical					
Psychological					
Family / Social					
Cultural					

Crisis: Four Developmental Phases

- **Phase 1**
  - Threatens self-concept
  - Increased feelings of anxiety
  - Problem-solving techniques and defense mechanisms are stimulated to lower anxiety.
  - Persons experiencing a crisis are usually distressed & likely to seek help.
  - They are ready to learn new coping skills to relieve distress.
- **Phase 2**
  - The usual defense mechanisms tend to fail and anxiety continues to rise.
  - The individual becomes disorganized.
  - Trial and error problem solving begin.
- **Phase 3.**
  - If trial-and-error attempts fail, anxiety escalates to severe panic levels.
  - Uses relief behaviors such as withdrawal & flight.
  - Some resolution may occur (compromising needs, redefine situation to make more acceptable).
- **Phase 4**
  - If problem unsolved, anxiety continues at severe or panic level, serious personality disorganization occurs (confusion, immobilization, violence against others, suicide attempts, aimless running and shouting.)

Caplan, 1964

Balancing Factors

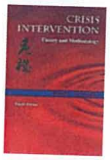


Realistic perception of the event	Distorted perception of the event
PLUS	AND / OR
Adequate situational supports	No adequate situational supports
PLUS	AND / OR
Adequate coping mechanisms	No adequate coping mechanisms
RESULT IN	RESULT IN
Resolution of the problem	Problem Unresolved
↓	↓
Equilibrium regained	Disequilibrium continues
↓	↓
No Crisis	**Crisis**

The crisis approach to problem solving

- Assess the individual and the problem
  - **Why did you seek help <u>today?</u>**
  - **What do I need to know?**
  - **What must be done?**
- Perception of the event
  - **What does it mean to you?**
  - **Is the meaning of the event distorted?**
  - **How do you see its effect on the future?**

The crisis approach to problem solving

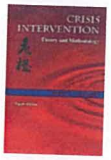


- Available support
  - **Who is available to support the person?**
  - **With whom does the person live?**
  - **Whom does the person trust?**
  - **With whom does the person feel close?**
- Coping
  - **Has anything like this happened before?**
  - **How do you usually reduce tension, anxiety or depression?**
  - **Have you tried the same method this time?**
  - **Why did the method not work?**
  - **What do you usually do when confronted with a problem that is difficult to solve?**

The crisis approach to problem solving

- How much has the crisis disrupted the person's life?
  - Work / School?
  - Keep house?
  - Care for family?
- How is the crisis affecting others?
  - How do family or others feel?
  - What do they think should be done?

The crisis approach to problem solving

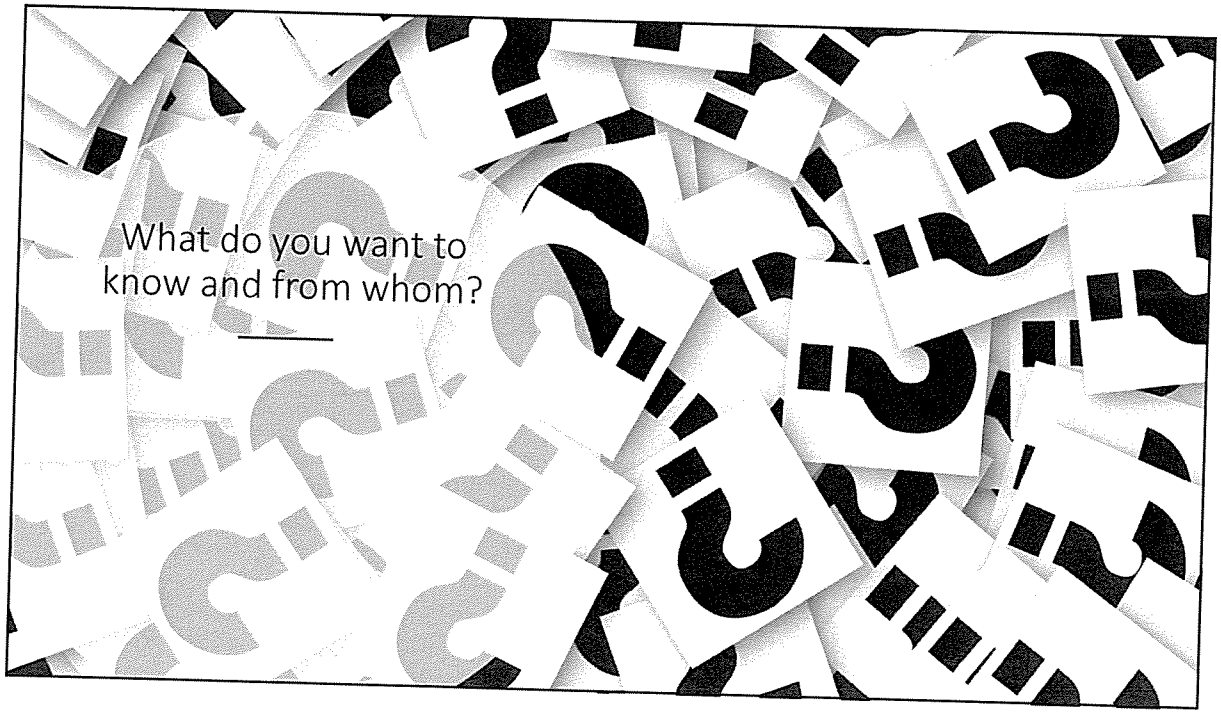


- Intervention
  - Define the problem and reflect it back to the individual.
  - Encourage focusing on the immediate situation.
  - Explore possible alternative solutions to reduce the symptoms produced by the crisis.
  - Specific directions may be given or tentative solutions put forward
  - Evaluate interventions
- Anticipatory guidance
  - Planning designed to avert possible future crisis

James: A case example...

James

James is a 17 year old who attends your local emergency department late Friday night accompanied by police. Police had been called to investigate a noise complaint at a residential property. When they arrived they found a small house party with mostly intoxicated youths present. The noise was related to party goers screaming at James who was quite intoxicated and had fashioned a noose out of a hose and had climbed a tree. James was tearful but climbed down the tree and agreed to attend ED for assessment accompanied by a girl called Samantha who said that she was Jame's friend (but not girlfriend)



From Samantha:

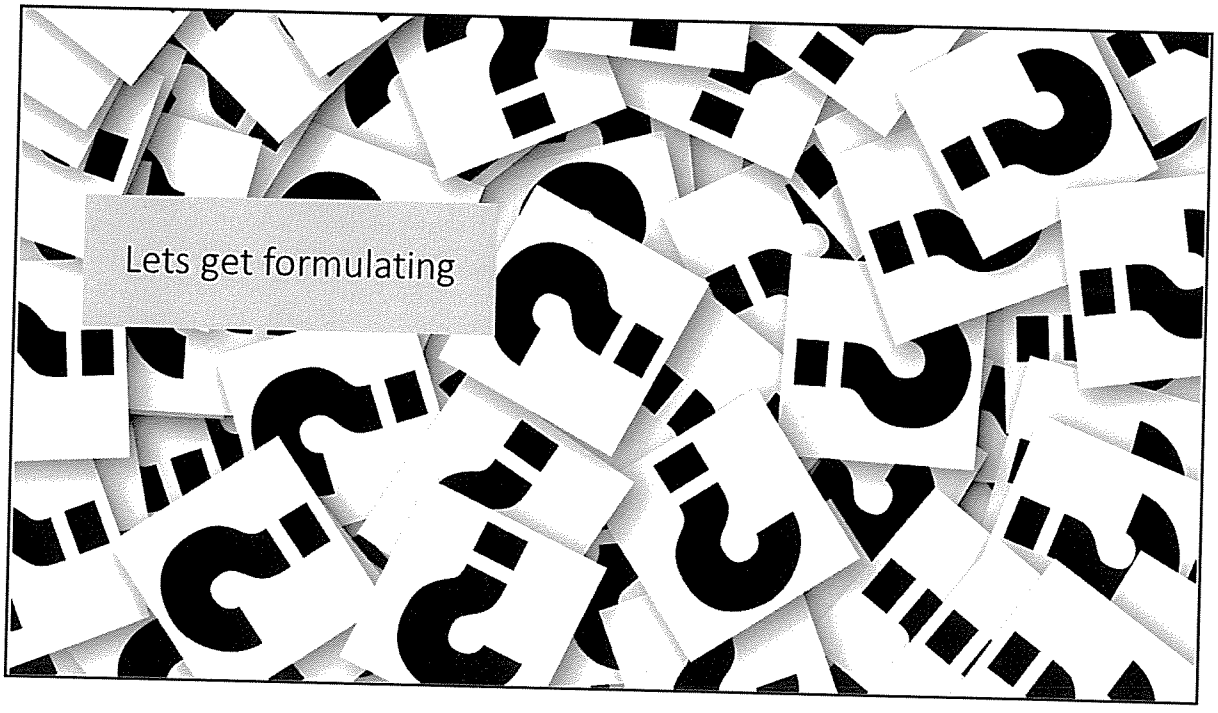
- It had been 12 months to the day that James had been involved in a car accident in which two peers (members of his football team) had been killed and another two injured. This had rocked the school and football community which James belonged. "Everyone loves James".
- James had been injured in the accident and hospitalised for several weeks and his injuries prevented him from participating in sport as he used to. "That's a shame because he was destined to be great".
- When James returned to school some three months after the accident he was quite anxious but friends rallied around. The party was arranged as a remembrance party. James doesn't usually drink alcohol, but they all had five shots to remember their peers.
- Samantha has been friends with James since primary school. She would like to be his "girlfiriend" but says that since the MVA James seems distant and quite "numb". He doesn't talk about his feelings much but he is kind and sensitive to others. "Actually... this party was probably the first time he'd been out... to a party at all... James is a really good guitarist.... We were hoping he'd play tonight"

From Jame's Dad... Garry:

- Remarkably happy childhood. All developmental milestones met.
- Jame's mother died when James was four (in a car accident). She was carrying Jame's brother. Garry's parents moved in for a year and helped with care giving and "Jame's seemed to cope OK and settled in to school".
- Gary stated the James seemed to deal with the death of his mother better than he. Gary said he was depressed for two years and threw himself into work. He said he was "really absent for two years until James started playing junior football" and he found something to look forward to on the weekends.
- Gary repartnered when James was seven and he and Helen have two children 3 & 5. James "has always been warm and affectionate".
- The MVA was difficult for all the family... They try not to let the young children hear about it and rarely talk about it. Indeed James doesn't want to.
- James hasn't travelled in a car or a bus since the MVA but they are on a train line. He takes to school but has missed out on the school camp because of his anxiety about traveling on roads. His peers and teachers understand.
- It's a shame that James can't play footy anymore but he has shown interest in rowing and joining the school rowing team.

From James

- James sobered up quite quick and was cooperative and had a reactive affect... Smiled and appeared sad appropriately.
- "I don't know what came over me... I don't know why I did that... I don't drink usually... I wrecked the party for everyone else... what will they think of me?"
- "The whole accident thing... I thought I was over it... I do think about suicide from time to time but I've never been that close".
- "I don't want to remember the accident and don't want to talk about it... but lately I've been having nightmares about it.... The last two months.. And my mum... I didn't really know her but I dream about her being in the accident as well".
- "I have really good friends but I don't see much of them now... I just stay at home and play my guitar... I make up nursery rhymes for my brother (5) and sister (3)... I would NEVER do anything to hurt them".
- "School is great... It is the way I coped... I do pretty well but since the accident I have been like a sloth and have put on weight... The counsellor Mr Jones really has my back and helped everyone after the accident ".
- "I had some therapy in hospital... just a chat with a nice nurse-psychotherapist... she taught me distraction and mindfulness techniques... I have a calm safe place... I imagine I am floating on a Lilo on the river... I saw a psychiatrist too but they said I was doing OK.... She prescribed some melatonin for sleep...I could do with a good night sleep now..."
- When can I go home?



Impulsive suicidal gesture in the context of alcohol intoxication (in an alcohol naïve youth) at a one year memorial party for peers who had died in an MVA in which James was a passenger and injured survivor. This was the first social outing James attended since the MVA and the gesture (sitting in a tree with a noose formed with a garden hose) was perceived as shameful by James when he was sober. James has a history of attachment disruption following the death of his mother in an MVA when he was 4 years of age, although he developed a close relationship with his paternal grandparents and teachers at school. He has developed symptoms of PTSD with frequent nightmares, disrupted sleep, emotional numbing and at times hyper-arousal. Recent nightmares have also involved imagery of his mother. He actively avoids traveling by road and his exercise regime (he was a keen football player) has been disrupted due to a fragile leg injury. He continues to attend school and achieve well academically and is a gifted musician. He seems to have a network of positive peer relationships although since the MVA he has been more isolative and has not re-engaged with peers in team sports outside of school.

James was remorseful with respect to his suicidal behaviour and claims to have occasional thoughts of 'ending it' but is sensitive to the impact this would have on his siblings and family, and he is ordinarily optimistic about the future. He has a caring father who is more attendant in recent years, and a positive relationship with his school counsellor.

What about the literature?

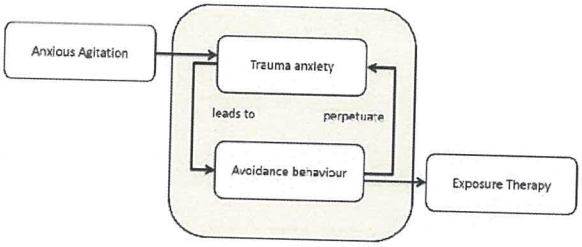
Panagioti, M., Gooding, P. A., Triantafyllou, K., & Tarrier, N. (2015). Suicidality and posttraumatic stress disorder (PTSD) in adolescents: a systematic review and meta-analysis. *Social psychiatry and psychiatric epidemiology*, *50*(4), 525-537.

A highly significant positive association was found between PTSD and suicidality

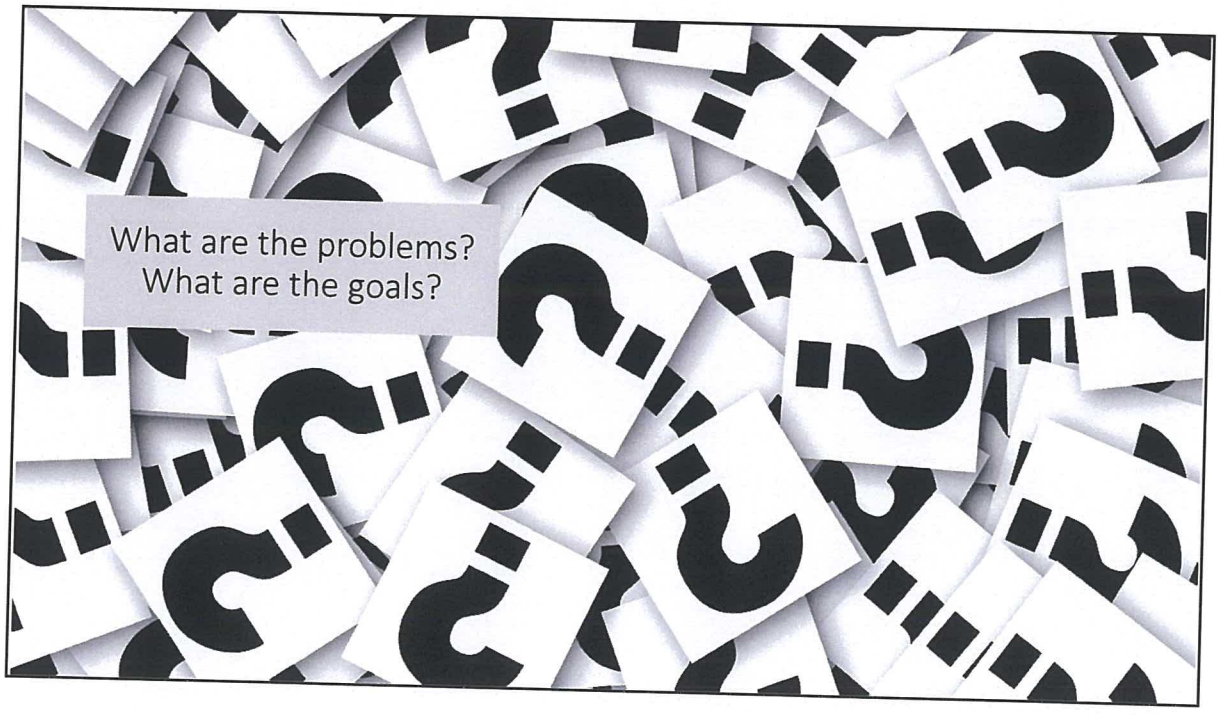
Perrin, S., Smith, P., & Yule, W. (2000). Practitioner Review: The Assessment and Treatment of Post-traumatic Stress Disorder in Children and Adolescents. *Journal of Child Psychology and Psychiatry, 41(3), 277-289. https://doi.org/https://doi.org/10.1111/1469-7610.00612*

Treatment: CBT / Exposure or EMDR; ? Clondine or propranolol; A CBT Programme: Education & Goal Setting; Coping Skill Development; Exposure; Termination and Relapse Prevention

Formulation of trauma anxiety and avoidance



Fernando, I., & Cohen, M. (2014). Case formulation and management using pattern-based formulation (PBF) methodology: clinical case 1. *Australasian Psychiatry*, *22*(1), 32–40. https://doi.org/10.1177/1039856213511674



Dear Dr Jones (cc'd Dr Smith)

Re James (DOB 24/12/2014)

James attended the ED on 12/3/21 accompanied by police, having made a suicidal gesture at a memorial party with other young people to remember the victims of an MVA in which two acquaintances died one year ago. James was also a victim and was hospitalised for three months following the accident. The gesture of forming a noose and climbing a tree was undertaken in front of others in the context of acute alcohol intoxication (5 large shots of spirits) in a youth who does not ordinarily drink alcohol. He was accompanied by his friend Samantha and his father Gary attended soon after. He was remorseful and safe to go home.

James appears to be experiencing symptoms of PTSD (arousal, emotional numbing, nightmares and avoidance) for at lest the last two months. His friends have noticed that he is 'emotionally numb'. This has also triggered recollections of his mother who died in a MVA when he was four years of age. A further recent change is that James no longer plays sport or exercises and is involved in fer extracurricular activities.

A referral has been made to Dr Smith (cc'd) a private integrative psychotherapist with experience in CBT and EMDR. James has some positive experiences with psychotherapists in the past and has has some coaching in mindfulness and visualising a 'calm safe place'. The usual treatments for trauma have been explained to him.

Our school liaison nurse will contact the school guidance officer relating to the incident and Gary has agreed to contact other parents and facilitate a more sober memorial....