Comprehensive Assessment – Robert's Case Example

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PACT Integrated Summary of Assessment Example

Agency: **Mount Baker Community Services**
Client Name: **Robert Doe**
Client Address: **Homeless**
Client Phone: **None**
Date of Birth: **5/3/1985**

This assessment was completed two months following Robert's initial intake with the Mt. Baker PACT team. Information for this assessment was gathered by the PACT team from the following sources:

1. Outreach contacts and observations by PACT team members
2. Clinical assessment interviews conducted over three sessions by PACT team members
3. Previous medical records
4. Robert's previous case manager, Clive Swenson
5. Robert's mother, Julia Doe

Mental Health and Personal Strengths

Robert Doe is a 28 year old White male who identifies as Christian. Robert is currently homeless in the Mt. Baker area. He was referred to the PACT team by the Mt. Baker Community Services outpatient program as his diagnosis of a severe mental illness, frequent hospitalizations, history of treatment noncompliance and problems with substance use appears to make him an appropriate client for PACT services.

According to previous medical records, Robert was diagnosed with Schizophrenia Disorder, Paranoid Type at the age of 20. Documented and observed symptoms include command and derogatory auditory hallucinations, paranoid beliefs that others seek to do him harm, disorganized speech, flat affect, poverty of speech, and probable thought blocking. Robert endorses significant impairment in several areas of functioning, including interpersonal relationships, work, and self-care. He does not endorse having a psychiatric condition and has become agitated at this suggestion by team members, instead referring to his "spiritual problems." Robert refers to "demons" that speak to him, saying "they talk about everything that I do… they always are saying bad things about me… they never stop talking." Based on observations by team members, Robert's psychiatric symptoms appear to be exacerbated by the use of substances, in particular amphetamines and cannabis. Team members have noted that when Robert is staying with peers thought by the team to be using drugs, his paranoid ideation, disorganized speech, and emotional lability significantly increase. For example, he has on occasion shouted at staff members to leave when approached in these contexts; this behavior is otherwise uncharacteristic. Robert has acknowledged that his voices "want me to do things that I don't want to do," but is nonspecific about what these actions are and denies that they involve doing harm to himself or others. Continued assessment is needed to track Robert's risk of violence to self and others given the risk factors of active substance use, command hallucinations, and history of violence

(documented incidents of violence include spitting on a police officer and setting a fire in his home; see below for details). Consistent with available documentation and collateral reports, Robert denies a history of suicide attempts or self-injury. He denies active and passive suicidal and homicidal ideation, stating, "I just want to live and let live." Records indicate Robert's most recent expression of suicidal ideation was during his last hospitalization in March, 2014.

Robert has been hospitalized four times, each of which seem to have been unpleasant experiences for Robert. He was first hospitalized at St. Joseph's Hospital for four weeks at the age of 20, following a plane trip to Alaska where he had intended to work for the summer. His mother reports that he "broke down" during the flight, stating, "He was yelling things that didn't make sense to the stewardess…he was taken off the plane when it landed. He was hospitalized for a few days before they bussed him home." Robert tested positive for cannabis use upon admission. He was discharged to the outpatient program at Mt. Baker Community Services with a diagnosis of schizophrenia. Following his discharge, he moved back in with his mother and step-father. Robert was hospitalized again at the age of 25. His mother indicated that at that time, "Robert shut himself in his room, locked the door and lit all of his journals on fire and then he called 911. The police and the fire trucks showed up before we knew anything was going on. They had to knock down the door to get it opened." Robert tested positive for alcohol (BAC .06) and cannabis on admission. Following this episode, Robert was again hospitalized at St. Joseph's for four weeks. Robert's mother reports that shortly after his discharge, "His stepfather said we couldn't have him in our house. We told him that we could help pay for a hotel room until he could find something else. But he didn't want to stay at a hotel room and after the first night there he came back to the house and we had to lock him out. He was pounding on the door, calling me a (explicative) saying that my husband was a (explicative) liar; we had to call the cops and they detained him again." Robert was hospitalized for six months at WSH following this incident. He again tested positive for cannabis upon admission. At the age of 28, Robert was hospitalized involuntarily for 21 days at St. Joseph's. He was brought to the hospital by police following an arrest for disorderly conduct and assaulting a police officer. Records indicate that Robert spat at one of the police officers who approached him because he was shouting at himself. Robert's previous case manager indicates that at the time of his admission to the hospital, Robert tested positive for methamphetamine and cannabis.

Robert believes that his hospitalizations are the result of "a conspiracy." He denied receiving individual therapy but endorsed some beneficial effects of the medication, stating, "they make me feel calmer."

Medications: Robert met with PACT prescriber Dr. Johnson at intake and most recently on 7/17/14. He is currently prescribed 8 mg Risperdal daily and 80 mg Geodon PRN. Robert has discussed taking Risperdal as an injectable but indicates that he prefers the oral dose. Currently, PACT staff are delivering his medications on Mondays, Wednesdays and Fridays. Robert reports some ambivalence about using mediations to control his psychiatric symptoms and staff indicate that Robert often does not take the medication left with him.

Robert states that his primary strengths are "my writing and my drawing." Robert has shown PACT staff his drawings from his notebook and has read some of his poems to the peer specialist. He has stated that he would like "to get some of my stuff published, maybe I could get a job working for Hallmark or something." It is clear to the PACT team that Robert is very proud of his writing and drawing. Robert has also demonstrated interest and willingness to work, despite ambivalence, and has been responsive to attending some job club group sessions to explore the possibility of employment. Finally, Robert has strong support from his mother, who continues to be actively engaged and a strong advocate in his treatment.

Physical Health

Robert denies any biomedical conditions. He denies any use of IV drugs and PACT staff have not noted any evidence of IV use. Robert reports that he is currently smoking "about a pack a day." He does not wish to cut back on his daily use. His tobacco use meets DSM-5 criteria for Tobacco Use Disorder. His current lack of hygiene, unsafe living conditions, drug use, and poor nutrition place him at high risk for infection, assault, malnutrition, dental problems, and physical health conditions. Robert has not seen a medical professional or dentist for several years for routine health care.

Substance Use

Amphetamine Use: Robert reports that he first smoked methamphetamine at the age of 26. He states, "I use it when it's around." When asked the frequency and amount of his use, Robert said, "I don't know, maybe a couple of times a month." PACT staff have observed that Robert spends a great deal of time at Marine Park where there is extensive drug trafficking. Robert acknowledges that he goes there "when I get bored and buy drugs." Robert also acknowledges that at times "I get a motel room with friends and we use (meth) until we run out of money." Robert does not endorse tolerance for amphetamine, however does acknowledge "crashing after I use for a couple of days." Further, Robert has acknowledged using more than intended and difficulty in stopping use. Robert's pattern of use is judged to be consistent with amphetamine dependence. Robert does express some ambivalence about his use of amphetamine, stating, "I know it's not all that good… but I like the social part of it…" The PACT team regards Robert's risk for acute intoxication to be moderate to high, as there appears to be a strong correlation between Robert's use of substances with increased psychosis and dysfunctional behavior. Signs of withdrawal have been noted in medical records and by staff observation, including hypersomnia, lethargy, social withdrawal, and—previously—passive suicidal ideation. PACT staff have further noted that during attempted contacts, Robert has been seen by PACT team members to be sleeping on his motel bed and will not answer the door, which may be an indication of withdrawal. Hypersomnia, fatigue, social withdrawal and suicidal ideation are consistent with amphetamine withdrawal syndromes. Robert appears to meet DSM-5 criteria for Stimulant Use Disorder, Severe, Amphetamine-type substance.

Cannabis Use: Robert reports first smoking cannabis at the age of 19. He indicates that he used "on and off" until the age of 24 when he began using cannabis daily. Robert reports

that he continues to smoke cannabis, "probably two or three joints a day." He insists that his use of cannabis is not harmful, "because it's a plant." He indicates that he has no intention of either abstaining or moderating his use of cannabis at this time. Robert denies both tolerance and withdrawal symptoms but does acknowledge cravings to use. It should be noted that Robert has tested positive for cannabis at each of his hospitalizations and, although he denies that his use of cannabis is problematic, his use appears to be a precipitating factor in the onset of his mental health condition as well as a factor that exacerbates it. Robert appears to meet DSM-5 criteria for Cannabis Use Disorder, Moderate.

Other Drug Use: Robert reports trying cocaine "a few times," but states that he has not used cocaine since the age of 26. He indicates he began consuming alcohol at the age of 16, stating, "I never had a problem with it; sometimes I drink a couple of beers." He states that he has not used alcohol "probably in over a year." Finally, Robert reports having used LSD and psilocybin mushrooms "four or five times when I was 18 or 19."

Substance Abuse Treatment: Robert reports that he participated in a dual diagnosis group during his last hospitalization. Robert states that the group, "didn't help all that much." Records indicate that while Robert did attend group, he generally was not an active participant. Robert denies any other previous substance abuse treatment. He has stated that he is not interested in participating in substance abuse treatment, although he has been willing to meet with the substance abuse specialist.

Education and Employment

Robert completed high school and one year of community college before onset of psychotic symptoms. He states that he worked as a dishwasher and then a bus boy at a restaurant while in college. Robert reports that he has not worked since the age of 20 and had relied on his parents until the age of 25. He has also received SSI since the age of 22 along with Medicaid benefits. Robert has expressed some interest in employment and has attended two job club group meetings offered at Mt. Baker Community Services. He is on payeeship with Kulshan Financial and receives monthly checks by mail from his current payee.

Psychosocial

Family of origin: Robert's biological mother indicates that she divorced from his biological father when he was 10 years old. Robert denies any history of physical or emotional abuse. His mother indicates that Robert's biological father consumed "a few beers" nightly on weekdays and "four or five six packs" over the weekend. She indicates that arguing about his use of alcohol was one of the factors leading to their divorce. Robert reports that he has occasional phone contact with his biological father, who now lives in Arizona. Robert's mother denies a family history of substance abuse or mental illness "on my side of the family," however indicates, "I'm not sure about his (Robert's biological father)." Robert's mother remarried when Robert was 12 years old. She states that neither she nor Robert's current stepfather use alcohol or drugs, which is consistent with Robert's report. Robert has two half-sisters, ages 14 and 17, both living at home. Robert's mother indicates that Robert lived at his parent's home prior to his second hospitalization stating, Robert's

stepfather "didn't want to risk him living with us anymore, he'd been patient but he really doesn't understand mental illness and he's reached his limit."
Quality of family relationships: Robert's mother reports that Robert still occasionally comes back to his family home "when he's desperate," and states, "I generally take him back to town, get him some food and cigarettes and help him pay for a few nights in a motel. He's a good kid, I know he doesn't mean anyone harm but I agree that we can't have him at the house any longer." She expressed concern about his ability to care for himself, stating, "He can't take care of himself and I can't take care of him any longer. I'm just afraid that one day I'll just never hear from him again and someone will find him dead." Robert's mother reports that she generally speaks with Robert "two or three times a month" on the phone, but states there are times that she does not hear from him for several months.

Robert states that he has never been in an intimate relationship. He has indicated that he does engage in sexual activity, reporting "I don't want to sometimes, but I feel like someone gets into my body and they are the ones that are doing it." Robert's mother indicates that, prior to age 20, he was "pretty normal, he was kind of strange but he used to have friends." Robert believes that he does not currently have any meaningful relationships, stating, "the only time I do anything with anyone is when I'm doing drugs…I like the social part of it."

Current living situation: Robert has been homeless since age 25. While he has at times engaged with his previous case manager in finding housing, he has not followed through on locating one. Robert alternates living in a homeless encampment and motel rooms, often with other drug users.

Sociocultural

Cultural/Spiritual: Robert identifies his race as "White" and reports his ethnicity as "I'm an American, I guess." Robert states that he "grew up a Lutheran," but further reports, "I stopped going to Church when I was a teenager." He reports that he is not currently active in any religious denomination, however he does identify as a Christian.

Legal: Robert is currently on a 180 day Less Restrictive Alternative (LRA) beginning at the time of his hospital discharge (5/14/14). In addition, Robert is currently on 12-month probation for misdemeanor assault charges related to spitting at a police officer. He has met once with his probation officer, with the PACT staff providing transportation and accompanying Robert during his meeting. Robert was convicted of criminal mischief in 2013 for setting a fire in his bedroom of his mother's home.

Interests, Hobbies & Leisure: Robert reports that he keeps a daily journal "where I keep all of my thoughts and ideas." He reports that he writes poetry and has shared some of his poems with the peer specialist. Robert also reports enjoying "drawing pictures and doodling." Robert has attended the PACT Arts Group facilitated by the PACT peer specialist on several occasions.

Completed by: _____ Date Completed: _____

Putting It Together

Client's Recovery Goals:	Client's Preferences for Treatment:	Client's Understanding of their Mental Health Status:
"I want to live with my family" "I want to earn more money"	Will meet w/ CD Specialist "to talk." "Okay" w/ PACT staff providing med management. Interested in Art Group/Job Club	"Spiritual problem" (does not endorse a psychiatric condition)
Precipitating Factors:	**Perpetuating Factors:**	**Protective Factors**
Drug/ETOH use Moving from home to Alaska	Meth use Homelessness Family stressors	Intelligent Creative/writing & drawing Strong support from mom
Sociocultural Factors:	**Physical Factors:**	**Psychiatric Rehabilitation Goals**
Lack of sober social support Exploitative relationships Family conflict	Meth (smoking) Tobacco (smoking)	Independent living skills Ready to seek employment

Client's Needs Based on Team's Analysis: Drug tx (meth); support/assistance w/ finding stable housing; risk assessment (s/i); family support PE; support voc. & creative expression

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

- ☐ CBT: For Anxiety, Depression, Psychosis, Trauma, or other EB Psychotherapy
- ☑ Family Psychoeducation
- ☐ Illness Management and Recovery (IMR)
- ☐ Medications/Psychopharmacology
- ☐ Medications/Behavioral Tailoring
- ☑ Motivational Interviewing
- ☑ Outreach
- ☐ Health Intervention (specify)_____
- ☑ Psychiatric Rehabilitation
- ☐ Relapse Prevention/Crisis Mgmt
- ☐ Social Skills Training
- ☑ Substance Use Treatment (IDDT)
- ☑ Supported Employment
- ☑ Other (specify) Risk assessment
- ☐ Other (specify)_____
- ☐ Other (specify)_____

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

Mental Health:	☑ Engagement	☐ Motivation	☐ Active	☐ Relapse Prevention	
Physical Health:	☑ Engagement	☐ Motivation	☐ Active	☐ Relapse Prevention	☐ Not Applicable
Substance Use:	☐ Engagement	☑ Motivation	☐ Active	☐ Relapse Prevention	☐ Not Applicable

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

PACT Comprehensive Assessment – Client ID: _"Robert"_

Summary of Shared Understanding for Treatment Planning:

Robert is an intelligent and creative 28-year-old White male with a strong interest in artistic expression through his writing and drawing. Robert has an interest in work and a brief history of working prior to his first onset of psychiatric symptoms. Robert acknowledges a strained relationship with some family members related to an incident where he posed a risk to his family members by setting a fire in his family's home. He currently experiences a strong desire to live with his family again. PACT staff wish to support Robert by offering psychoeducation to family members and, in particular, provide support to his mother, with whom Robert has maintained positive, albeit strained at times relations, due to the various challenges Robert faces. While PACT staff cannot change his family's wishes that he no longer lives with them, they will offer support in finding stable housing and teaching Robert the skills to maintain it. Robert does not endorse a psychiatric condition, referring to his disturbing experience as "a spiritual issue." He denies the need for mental health treatment. The PACT team respects this point of view and will support Robert in ways that he finds most helpful. PACT staff would like to help Robert in achieving his goal of earning more money through supported employment and to assist him finding positive outlets and expression of his creative interests. Robert endorses a history of substance use, most currently methamphetamine and cannabis. Robert shows some beginning insight into the problematic nature of his use of methamphetamine, although denies that his use of cannabis has caused problems. The PACT staff would like to support Robert in finding ways to reduce the harm caused by substance use, enhance motivation to engage in healthy behaviors, and provide education on the interaction between his substance use and personal challenges, with particular focus on the link between suicidal ideation and methamphetamine withdrawal.

Robert's Chemical Dependency 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 live with my family.

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.*

Living with family not an option at this time based on previous history. Untreated psych symptoms and substance use continue to be a barrier to finding suitable housing options.

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, creative, good pre-morbid social functioning, previous work history and interest in working, good relationship with mom, takes pleasure in creative expression.

OBJECTIVE WORK SHEET

Which Barrier is this objective intended to overcome?

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…"*

Robert will be able to manage "spiritual problems" so that they don't interfere with obtaining and maintaining housing

as evidenced by identifying and applying for one apartment a week.

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.*

Case manager. Kathryn Bessant to meet with RD weekly at office to identify housing options on Craigslist and other internet sources.

PACT Nurse. Cheryl Thomas to meet with RD in community 2x weekly and CD Specialist Larissa Suchow to meet with RD in community 1x weekly for med delivery and management including assisting with behavioral tailoring strategies to manage symptoms of psychosis.

CD Specialist. Larissa Suchow to meet with Robert 1x weekly in the community to discuss harm reduction strategies and explore motivation for reducing or abstaining from substance use.

MHP therapist. Frank Conrad to call Robert's mother once monthly to offer psycho-education about psychosis and substance abuse (co-occurring disorder) and to help strategize for best ways in supporting Robert while maintaining good self-care.

Robert's Vocational 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 earn more money." "I am sick and tired of being poor all of the time."

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.*

RD has not worked in a long time.
RD's use of substances may pose a barrier to getting and maintaining employment.

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.*

RD has a previous work history and is motivated to work on an employment goal NOW. Mom is supportive of RD and this goal. RD self describes as personable and in good physical shape. RD has interests and skills that could help drive the development of a specific and preferred job goal.

OBJECTIVE WORK SHEET

Which Barrier is this objective intended to overcome? **RD has not worked in a long time. RD's use of substances may pose a barrier to getting and maintaining employment.**

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…"*

RD will complete the vocational assessment/career profile that culminates in a specific and preferred job goal as evidenced by RD's self-report and confirmation from the Vocational 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.*

Team Vocational Specialist, Stacy Patterson will meet with RD 1x weekly to conduct the vocational assessment/career profile to shape and define that specific and preferred job goal until completed. The specific and preferred job goal will then drive the job development activities of the Vocational Specialist.

PACT Team Vocational Specialist will begin community based job development activities upon completion of the vocational assessment/career profile with the goal of getting RD in front of employers for consideration of job openings in the next 30 days.

Sample Weekly Consumer Schedule

Name: Robert D. **Primary:** Frank Conrad, Mental Health Professional (MHP)

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat.	Sun.
AM	Medication delivery/management with Cheryl Thomas, RN, in the community 9-9:15 AM		Medication delivery/management and integrated dual disorder treatment (IDDT) with Larissa Suchow (CD Specialist), in the community 9-10 AM		Medication delivery/management with Cheryl Thomas, RN, in the community 9-9:15 AM		
PM	Monthly appointment: Family psychoeducation and support for mom with Frank Conrad, MHP in PACT office 2-3 PM	Work on housing with Kathryn Bessant, Case manager, in PACT office 1–2 PM		Employment services with Stacy Patterson, Vocational Specialist, in the community 1–2 PM			