

Behavioral Health Case Scenario

Kayla is a 28-year-old female who was brought into Summit Vista Hospital via ambulance for Inpatient Psychiatric treatment for acute distress with current psychosis and harmful ideation. She was admitted July 14, 2023, on an involuntary basis. The attending physician is Luke Anthony, MD.

Kayla has a history of psychiatric admissions dating back 10 years with the first admission at age 18 when she had her first episode of psychosis when she was attending her first semester of college and had an increase in stressors with being away from home and a heavy course load in her pursuit of becoming an Engineer and reports she started losing contact with reality and began hearing voices to hurt herself and feeling hopeless, helpless and depressed. She was stabilized after a 6-day inpatient stay where she was prescribed Risperdal and Lexapro and given the diagnosis of Schizoaffective Disorder. Kayla reluctantly followed up with a Partial Hospitalization program after discharge from Inpatient for further stabilization and transitioned to Outpatient medication management after the Partial program which she felt was very helpful.

Kayla had two years of community tenure and when she was starting her junior year of college, she required her second Inpatient admission due to a return of her psychosis and harmful ideation. It was reported Kayla had stopped taking her medication as she was feeling better. Kayla resumed her Risperdal and was discharged on Risperdal Consta to ensure medication compliance and resumed Outpatient psychotherapy. Kayla has no substance abuse history but does have a history of migraine headaches which she had been prescribed Imitrex which was helpful. Kayla's mother did report Kayla was a social drinker averaging a glass of wine a week. Kayla remained stable on the Risperdal Consta for several years and graduated from college receiving her Engineering degree and becoming successfully employed.

A month before the current admission, Kayla's position was eliminated, and she did not go in for her last two Risperdal injections and became psychotic with command hallucinations telling her to take her life as well as paranoia toward her mother. Kayla's mother who is supportive called 911 when she found Kayla at her apartment in an acute psychotic episode and telling her mother "I am worthless, and I shouldn't be alive anymore." Kayla's mother is hopeful Kayla will stabilize and be agreeable to resuming her medication regimen and be able to return to the workforce in time. When Kayla experiences psychosis, she becomes hostile toward her mother and at times her mother is ambivalent to help but does help since Kayla is her only child as Kayla has limited friends. Dr. Anthony is requesting 7 days of Inpatient care for stabilization of psychosis and to resume medications (consider a mood stabilizer in addition to her antipsychotic) for her symptoms with a plan to stepdown to a Partial Hospitalization program for continued care at time of discharge from the Inpatient setting.

Applying the LOCUS Dimensions:

Risk of Harm:

Current suicidal or homicidal behavior or such intentions with a plan and available means to carry out this behavior in presence of command hallucinations or delusions which threaten to override usual impulse control. Extreme compromise of ability to care for oneself or to adequately monitor environment with evidence of deterioration in physical condition or injury related to these deficits. Kayla is experiencing command auditory hallucinations to inflict self-harm and she is currently unable to care for herself. (Note: A rating of five qualifies an admission independently of other parameters).

Functional Status:

Serious decrease in the quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive, or abusive behaviors. Significant withdrawal and avoidance of almost all social interaction. Serious disturbances in physical functioning such as weight change, disrupted sleep, or fatigue that threaten physical wellbeing. Kayla's psychosis is decreasing the quality of interpersonal interactions and is avoidant of social interaction. (Note: A rating of five qualifies placement independently of other variables).

Medical, Addictive and Psychiatric Co-Morbidity:

Existence of medical problems which are not themselves immediately threatening or debilitating and which have no impact on the course of the presenting disorder. May occasionally experience psychiatric symptoms which are related to stress, medical illness, or substance use, but these are transient and have no detectable impact on a co-occurring substance use disorder. Kayla has a history of migraine headaches, and no substance abuse issues. (Note: A rating of five qualifies placement independently of other parameters).

Recovery Environment (Level of Stress):

Significant transition causing disruption in life circumstances such as job loss, legal difficulties or change of residence. Perception that pressure to perform surpasses ability to meet obligations in a timely or adequate manner. Kayla experienced a recent job loss. She is a trained Engineer.

Recovery Environment (Level of Support):

A few supportive resources exist in current environment and may be capable of providing some help if needed. Usual sources of support may be somewhat ambivalent, alienated, difficult to

access, or have a limited amount of resources they are willing or able to offer when needed. Resources may be only partially utilized even when available. Kayla's mother is supportive and can provide help when needed and when Kayla has been stabilized. Kayla has limited friends.

Treatment and Recovery History:

Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms. At least partial recovery has been maintained for moderate periods of time, but only with strong professional or peer support or in structured settings. Kayla has previous hospitalizations and has been in a Partial Hospitalization program and traditional Outpatient services in the community.

Engagement and Recovery Status:

Has some variability, hesitation or uncertainty in acceptance or understanding of illness and disability. Relates to treatment with some difficulty and establishes few, if any, trusting relationships. When Kayla is stable, she accepts and understands her illness and relates to treatment.

Clinical Rationale:

Based on the clinical information provided, Kayla meets criteria for LOCUS Service Intensity Level 6 – Medically Managed Residential Services (Inpatient) due to suicidal attempt, command hallucinations and inability to care for herself requiring 24-hour medical supervision due to suicidal attempt, psychosis, etc. The Provider will provide interventions to address the participant's current symptoms/chronic conditions/barriers including psychotherapy, medication, and patient education to ensure Kayla's needs have been fully addressed. Once stabilized, Kayla will transition to LOCUS Service Intensity Level 3 – High Intensity Community Based Services (Partial Hospitalization). Kayla will learn new skills for a successful transition to a stable recovery-positive lifestyle to maintain community tenure.