Psychiatric Evaluation and Comprehensive Care Plan

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Introduction

Mickey, a 19-year-old male, presents with co-occurring schizophrenia and alcohol use disorder, identified during a clinical encounter. This evaluation develops a comprehensive, patient-centered care plan to address both disorders, integrating evidence-based interventions to promote recovery and manage his complex needs while ensuring confidentiality by using a pseudonym (Boland et al., 2022). Mickey will receive collaborative care for a well-rounded approach to his co-occurring disorder.

Assessment Findings

Mental status exam: Mickey appears tearful and distressed about his schizophrenia diagnosis, indicating emotional lability and partial insight. He reports feeling "normal" when drinking, suggesting alcohol as a coping mechanism for psychotic symptoms. His affect is congruent with his mood, and he shows trust in the clinician, as evidenced by his openness about his diagnosis. No overt delusions or hallucinations were noted, but further assessment is needed to evaluate symptom severity (Carlat, 2023).

Relevant History

- Psychiatric History: Recently diagnosed with schizophrenia, experiencing positive symptoms, i.e., hallucinations, delusions, and negative symptoms, i.e., social withdrawal, pending further evaluation.
- Substance Use History: Mickey has an alcohol use disorder, using alcohol to self-medicate psychotic symptoms, as indicated by his statement about feeling "normal" when drinking.
- Medical History: No medical conditions reported, but alcohol-related health impacts require investigation.

- Social History: Limited data on social support, housing, or employment. Shame about his diagnosis may contribute to isolation, hindering treatment engagement (Wheeler, 2020).

Screening Tools/Lab/Diagnostic Findings

- Screening Tools: The Alcohol Use Disorders Identification Test (AUDIT) is recommended to assess alcohol use severity (APA, 2022), and the Positive and Negative Syndrome Scale (PANSS) can evaluate schizophrenia symptoms (Boland et al., 2022).
- Lab/Diagnostic Findings: Order liver function tests and blood alcohol levels to assess alcohol-related damage. Neuroimaging may be considered to rule out other causes of psychosis (Boland et al., 2022).

Diagnosis & Case Formulation

DSM-5 Diagnoses

1. Schizophrenia (F20.9): Mickey's recent diagnosis and distress suggest psychotic symptoms meeting DSM-5 criteria, including at least two symptoms, i.e., hallucinations, delusions, for a significant period with functional impairment (Boland et al., 2022).
2. Alcohol Use Disorder, Severe (F10.20): Mickey's heavy alcohol use to feel "normal" indicates severe dependence, meeting DSM-5 criteria for loss of control, craving, and continued use despite consequences (Boland et al., 2022).

Rationale

Schizophrenia is supported by Mickey's clinical diagnosis and emotional response, indicating psychotic symptoms (APA, 2022). Furthermore, alcohol use disorder is evidenced by his reliance on alcohol to cope, which likely exacerbates his psychosis (Stahl, 2021). Since these co-occurring disorders interact, they require integrated treatment to address their interplay (Wheeler, 2020). As a result, a dual-diagnosis approach that combines psychopharmacology and

psychotherapy targets both symptom stabilization and substance use reduction (Boland et al., 2022). Ultimately, this integrated framework enhances Mickey's coping strategies and promotes long-term recovery (Carlat, 2023).

Plan of Care

Treatment Goals

- Short-Term: Reduce psychotic symptoms within 4–6 weeks, decrease alcohol use by 50% within 3 months, and build trust with the treatment team.
- Long-Term: Achieve symptom remission for schizophrenia, maintain sobriety for 6+ months, and enhance social functioning through community reintegration (Boland et al., 2022).

Evidence-Based Interventions

- Pharmacologic:
    - Risperidone: Start risperidone (1–2 mg daily, titrated to 4–6 mg) to stabilize schizophrenia symptoms, effective for positive and negative symptoms (Stahl, 2021).
    - Naltrexone: Prescribe naltrexone (50 mg daily) to reduce alcohol cravings, supported by evidence for alcohol use disorder (Wheeler, 2020).
    - Monitor side effects, i.e., extrapyramidal symptoms for risperidone, nausea for naltrexone, through biweekly psychiatric evaluations.
- Non-Pharmacologic: For Mickey, a structured psychoeducation and CBT intervention for anxiety or depression, as outlined in the DSM-5-TR (APA, 2022), will span 12-16 weekly sessions.

- Session 1-2: Establish rapport, conduct a psychiatric interview to assess symptoms (Carlat, 2023), and provide psychoeducation on Mickey's diagnosis, explaining neurobiological groundwork (Stahl, 2021).
- Session 3-4: Introduce CBT framework, teaching cognitive distortions and automatic thoughts (Boland et al., 2022).
- Session 5-8: Implement cognitive restructuring, using thought records to challenge irrational beliefs, and introduce behavioral activation to address avoidance (Wheeler, 2020).
- Session 9-12: Incorporate exposure techniques for anxiety or activity scheduling for depression, with homework to practice skills (Wheeler, 2020).
- Session 13-16: Review progress, refine coping strategies, and develop a relapse prevention plan (Wheeler, 2020). Sessions are collaborative, tailored to Mickey's symptoms, and emphasize skill-building for long-term management (Wheeler, 2020).
- Motivational Interviewing (MI): Use MI to enhance treatment adherence and address ambivalence about sobriety, leveraging Mickey's trust in the clinician (Carlat, 2023).

Care Coordination & Risk Management

- Interdisciplinary Team: Engage a psychiatrist for medication management, a therapist for CBT and MI, and a social worker for housing and social services. The case manager will coordinate care and monitor progress (Boland et al., 2022).

- Community Resources: Connect Mickey to Alcoholics Anonymous (AA) for peer support to reduce isolation. Telehealth services can address resource limitations in underserved areas.
- Risk Management: Assess suicide risk using the Columbia-Suicide Severity Rating Scale due to Mickey's distress. Develop a relapse prevention plan with strategies for managing alcohol triggers and psychotic symptoms (Wheeler, 2020).

Patient/Family Education

- Provide psychoeducation on schizophrenia and alcohol use disorder to normalize treatment and reduce shame, covering medication benefits, side effects, and alcohol-psychosis interactions (Wheeler, 2020). Being transparent with Mickey will build his confidence with treatment compliance.
- If family members are available, consider including them in therapy to support recovery and reduce stigma, utilizing family therapy to enhance communication (Wheeler, 2020). In this case, Mickey has chosen not to reach out to any of his family members for support or motivation.

Reflection

This case underscored the importance of integrated treatment for co-occurring disorders, highlighting the need to address both schizophrenia and alcohol use simultaneously. Building trust, as demonstrated by Mickey's openness following empathetic engagement, is crucial for adherence (Carlat, 2023). Identifying a gap in my knowledge of local community resources for dual diagnoses, I took time to research AA groups and telehealth options. This experience underscores the importance of refining motivational interviewing skills to enhance patient engagement.

References

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