

Co-occurring Clinical Competency

Treatment Planning Case Study

Ferdinand is a 59 year-old, widowed, unemployed man with schizophrenia, alcohol abuse, and diabetes. He recently moved to Washington, D.C., from North Carolina to live with his daughter, who wants to help in caring for him. According to his daughter and medical records from North Carolina, Ferdinand spent the last 30 years living in a small apartment with his wife until her death 5 years earlier. While she was alive, he took an antipsychotic medication and was able to take care of his basic needs. After his wife's death, however, he became quite isolated in his apartment, and his health rapidly deteriorated. He drank heavily in his early 20s but had no further history of alcohol problems.

According to his daughter, over the last year, Ferdinand developed trouble with urinary incontinence and also appeared to be losing his memory. He was frequently angry and confused and often talked to himself. The restaurant owners across the street where he ate most meals kicked him out and refused to serve him, and he lost weight rapidly. Soon thereafter, he was involuntarily hospitalized. On admission to the hospital, his blood alcohol level was above the state limit for intoxication and his medication level was undetectable. His blood sugar was higher than normal, which led to a diagnosis of diabetes. He was started on intramuscular insulin, as well as an antipsychotic medication.

When his daughter brought him in to the mental health center in Washington for treatment, he appeared disheveled, irritable, and distracted. He did not talk to himself, but he admitted that he heard voices. His memory was poor. He was angry about the insulin shots, which he did not believe he needed. He was willing to take medication for his "nerves." He said he was grateful to his daughter for caring about him, but upset about moving. He denied drinking any alcohol and said that drinking had never been a problem for him. He said that the urine test in the hospital must have been a mistake. When the clinician asked him what his goals for himself were, he said he "just wanted things to get back to normal" and wasn't able to articulate any more specific goals.

Ferdinand's daughter was concerned about his drinking. She had found numerous empty vodka bottles in his apartment in North Carolina, but she didn't think he was drinking now that he was living with her. When asked about the bottles, Ferdinand became upset and said he didn't remember any vodka bottle. His daughter was also concerned about his physical health and his incontinence, which was better than before but still an occasional problem at home.

At the end of two meetings, and after reviewing records from his previous treatment in North Carolina, Ferdinand, his daughter, his psychiatrist, and his case manager agreed on five treatment goals. First, Ferdinand wanted to be able to take care of himself at the house while his daughter was at work. Second, he wanted to stay physically healthy and find out more about his diabetes by seeing a doctor. Third, he wanted to work with the mental health team to "keep his nerves in check." Fourth, he agreed to make his daughter happy by avoiding alcohol. Fifth, Ferdinand acknowledged that he was lonely without his wife and needed to meet some people in his new town. As the following figure shows, these goals led to specific action targets.

Treatment Plan for Ferdinand

Client name: Ferdinand
Mental Illness Diagnosis: Schizophrenia, probable alcohol abuse
Clinician Rating Scale Alcohol: Probable alcohol abuse
Substance Abuse Treatment Scale: Early persuasion stage

Problem #1: Hasn't been taking care of himself

Goal: Take care of himself while daughter is working
Targets: Get up, shower, eat breakfast and get dressed in clean clothes every day by 9:30 p.m.; Make self a sandwich or soup for lunch every day.
Intervention: Outreach to home by case manager; practice skills with case manager; set up cues in room to complete tasks. Make chart to check off meals.
Treatment modality: Case management, mental illness management
Responsible clinician: Joe (case manager)

Problem #2: Physical health including diabetes, incontinence, and memory problems

Goal: Stay physically healthy
Targets: Make and keep medical appointments; take meds prescribed by doctor
Intervention: Nursing assistance in setting up pill box, coordination with internist
Treatment modality: Mental illness management
Responsible clinician: Patricia (nurse)

Problem #3: "Nerves," auditory hallucinations, irritability

Goal: Keep nerves in check, i.e., reduce frequency of hallucinations, irritability
Targets: Keep appointment with psychiatrist; take prescribed medications; meet with case manager once a week
Treatment modality: Medication, case management
Responsible parties: Joe (case manager), Phil (psychiatrist)

Problem #4: Possible abuse of alcohol

Goal: Avoid alcohol use
Intervention: Meet with case manager weekly to learn about and discuss alcohol use; meet with case manager and daughter monthly to discuss her concerns
Treatment modality: Case management, education, family intervention
Responsible clinician: Joe (case manager)

Problem #5: Social isolation, loss of wife, move to new community

Goal: Establish social contacts
Intervention: Attend senior center 3 days a week, talk with members
Treatment modality: Case management, family intervention, social intervention
Responsible clinician: Joe (case manager)