

## Summary of Treatment Examples

### *Example 1:*

Erika was opened to SCBH after being referred from Petaluma Health Center. She has no recent hospitalizations or known contact with law enforcement since being opened to CMHC services. She was last in CSU in June on a 5150 psychiatric hold for suicidal ideations and exhibiting a suicidal gesture after a break-up with her ex-boyfriend. She was discharged to CRU 2 on 6/7. Erika left CRU 2 on 6/17 and was discharged back to her home with her roommate in Rohnert Park.

Erika has been seen at the emergency department for medical issues at least three times in the past year. She is not yet on medication, as the psychiatrist wants to better assess her symptoms before prescribing any medications. Erika is also ambivalent about taking medications but agreed to think about a trial. The psychiatrist has also counseled Erika to consider cutting down on her daily marijuana use, which she says she uses to relax. The psychiatrist also encouraged Erika to reduce her caffeine intake.

Erika lives in an apartment in with her roommate, with whom she has a conflictual relationship. She works two part-time jobs but has been getting her hours cut, seemingly from her poor attendance.

Erika also has been attending the weekly DBT classes through SCBH. She has been participating and getting along well with the other group members, and she reported that the DBT skills have been helping with her impulsivity. She is currently referred to Buckelew and is excited to begin services.

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### *Example 2:*

During the past year, Karen has not had any psychiatric hospitalizations, admittances to Crisis Stabilization Unit, or legal issues. She continues to reside in her Section 8 apartment. She continues to be prescribed, and is stable on, Abilify 10 mg qd, Seroquel 300 mg hs, and Cymbalta 60 mg qam. She is maintaining a positive support system with her daughter. Prior to Thanksgiving, SCBH received a concerned call from her daughter who worried that Karen may be having some increased depression, anxiety, and suicidal thoughts. In October, the psychiatrist documented that Karen reported she was upset “after being triggered by a memory of childhood sexual abuse. She agreed to stop listening to the news (about sexual harassment stories) which had been upsetting.” Upon follow-up visit with the MD, Karen reported that she is not thinking about her past trauma: “I’ve put that behind me.”

Karen continues to struggle with pain, walking, and weight issues but is determined to increase her exercise and eating habits before her daughter’s wedding next year, which she plans to attend. She wants to learn knitting and piano. She has Paratransit and IHSS at 10 hr/month. She gets along with her neighbors fairly well.

She completed her individual therapy sessions and found them “helpful.” She plans to go to the Senior Center to increase her recreational and social outlets, which is part of her client plan goals.