Intent of Consultation

- Please share your ideas!
- There's no right answer, we're exploring cases so that it will help each of us.

- Try to generate as many ideas, thoughts, tangents that feel related and write down anything that sounds interesting.
- We're here to ponder and hopefully find an "opening" to move a case forward either within ourselves or a tangible resource, or strategy to move a case from "unstuck" to next action(s).

Case #1

27 yo, female

Diagnoses: MDD, recurrent, Anxiety, unspec,Insomnia, uspec, Epilepsy

Demographics:

Stressors: Family (parenting challenges w/ 7 yr. old child and negative contact with child protective services)

Patient Strengths:

What is challenging about this patient?

I. Pt has not been seen in > month, CM called numerous times.

II. Pt is difficult to engage even for outside office staff, pharmacist, often combative, needy, demanding and difficult to engage in therapeutic alliance.

III. Pt is difficult to monitor and engage in medication adherence, as she at times self diagnoses and self medicate

Case #2

Age: 42 yo, Male

Diagnoses: Major Depressive Disorder, severe (no psychotic features); PTSD

Basic demographic info. Patient lives at home with his fiancé and their children. He has a long history of institutionalization

(either in residential living as a child or prison as an adult).

What is challenging about this patient? He feels "stuck" in his depression and has trouble managing his PTSD. I'm wondering about strategies others have had in managing PTSD specifically, or if this would be someone who would be more appropriate for a higher level of care?

Patient Strengths: He is very insightful and intelligent. He has a strong desire to improve his mood but has not seen much improvement since enrolling in October.

I. He has concerns about medications (he is overweight and does not want to take anything that will cause him to gain weight) and the medications prescribed have so far had little to no impact on his moods.

II. We have tried to initiate Behavioral Activation and Problem Solving Treatment but have not been successful.

III. He is triggered by large crowds, and often isolates himself in his bedroom and not leaving the house.

Case # 3

Age: 30 yo, Female

Diagnoses:

Unspecified depressive/anxiety disorder, borderline personality disorder, possible PTSD

Basic demographic info. Lives in recently deceased mother's apartment. Financial, emotional and social stressors. Unemployed.

Past history of trauma – was allegedly raped and physically abused while being held in an apartment against her will several years ago.

Hx of suicidal: ideations with no past attempts.

What is challenging about this patient?

I. I recently started seeing her and knew she would need to be transferred to higher level of care at first contact. This was discussed and agreed upon.

II. She is problem focused, responds on and off to redirection, her goal is to link with a mental health clinic in the area but past two attempts have fallen through – appears to be self-sabotaged. Will agree to a plan but never follows through.

III. I am struggling with what to do if I set limits with the number of sessions left and by the end she has still not linked anywhere. I am not sure what to do this situation.

Case Consultation

Presenting Problem:

What is the patient's subjective perception of his/her problems and his/her expressed goals for treatment?

As a provider, what is your perception of the patient's problems? How do you account for and explain the presenting problem? (This can include initial assessment and developing thoughts on the issue.) What are your goals for treatment?

Consultation Inquiry

Current Clinical Concerns:

What puzzles you about the case? What are you struggling with? What are you looking for clarification about in bringing this case to case conference?

This can include: diagnostic considerations; beginning of treatment matters; concerns about "fit" between patient and provider/treatment approach; culture-specific clinical issues and treatment modifications; boundary violations; transference and countertransference issues; treatment decisions you are not sure about; ways to recover from therapeutic mistakes and impasses; termination matters, etc.

Consultation Inquiry

What biopsychosocial issues contribute to the problem?
Relationship: What is happening between you and the patient? Describe the relationship.

Transference:
How does the patient feel about your agency?
How does the patient feel about you as a provider? What familiar role may you play?

Countertransference:
How has your agency interacted with patient?
How do you feel about the patient?
What emotions does he/she evoke?

What pathogenic/limiting beliefs does the patient hold that interfere with treatment?

With these pathogenic/limiting beliefs illuminated what might you expect to see in the patient's behavior?

How might the patient test you as a provider given these beliefs? How would you pass the test?

How can the above inform future work with this patient? What strategies/interventions may you employ in the future given this information?

Alternate Consultation Models

- A **Balint** group is a group of clinicians who meet regularly to present clinical cases in order to improve and to better understand the clinician-patient relationship. It focuses on enhancing the clinician's ability to connect with and care for the patient sustainably.

  A session begins with a member's presenting a case for the group to discuss. During the facilitated discussion, the group members uncover different and new perceptions about the patient's and clinician's feelings and their experiences with each other.

  A Balint group usually has two leaders who facilitate the process. The success of a group depends on its members being honest, respectful, and supportive of divergent opinions. The content of the group is confidential. A Balint group may meet for months or years, and group cohesion and trust develop over time.
- https://balint.co.uk/about/the-balint-method/