

Case #2: Trisha

Donna Hong

Nyack College

## Case #2: Trisha

1. Encourage the family to assess Trisha's symptomatology - what are Trisha's indicators when she is depressed or in a manic state? Use the information from the case to list a few of these indicators.

Thank you so much for taking the time to come in today to learn more about how this experience has been for you as Trisha's family members and friends, as well as to explore how you can be of support to her in her treatment.

Let's start off by seeing how we can better understand Bipolar Disorder Type I. What do you currently know about the disorder? What do you want to understand better about it?

It is very common for individuals with bipolar disorder to cycle between extreme highs, or mania, and extreme lows, or depression, and overall mixed mood states. Typically, the average age of onset of the first depressive episode is 18.7 years, and the average age of onset of the first manic episode is 24.5 years. Unfortunately, obtaining the correct bipolar diagnosis is typically delayed until the individual is 33.5 years old.

The exact cause of bipolar disorder is not known, although it is commonly known that a genetic predisposition or vulnerability is necessary, which can be triggered by psychosocial stressors to onset a *cycle*. I saw that there is a positive family history for both unipolar and bipolar depression, which might help explain some of Trisha's family history as well.

What are your observations about the "manic" or "depressive" episodes that you've noticed in Trisha in the past year? What about the past five years? When did you first notice the mania or depression?

Family members and friends have shared about Trisha's history of being a "wild woman" at work, frequently getting angry with coworkers/bosses and quitting jobs, having periods of partying and erratic behaviors, as well as several occasions in the last five years when she's so depressed that she doesn't eat or leave the house.

A lot of the "hypervocal" and "hyperactive" behaviors described by the police during her arrest for disorderly conduct, the erratic and unpredictable behaviors, lack of sleep, and risky behaviors (such as excessive partying and writing false checks up to \$7,000) can be classified as her periods of mania. Whereas, the times Trisha is feeling so down that she can't eat or leave the house throughout the past five years can be classified as periods of her depression.

Are there any questions that come up as we discuss this?

**2. Encourage the family to help Trisha comply with the treatment protocol. How might the family ensure that Trisha take her medication as prescribed, avoid alcohol, and attend her therapy sessions?**

I also wanted to talk about the importance of an appropriate treatment plan for Trisha and how you, as her family and friends, play a vital role in being her support system.

First, it is extremely important that the family and Trisha establish a safe environment for constructive communication by solving problems together.

What do you feel like are some of your challenges or barriers in achieving this?

While the exact cause of bipolar conditions is not completely understood, there is evidence that shows that the cause may be related to neurotransmitter dysregulation or possibly abnormality in the postsynaptic membrane, which helps our brain to receive signals from neurotransmitters. The mainstay of treatment for bipolar disorder, therefore, is medication with a combination of counseling and psychotherapy.

Psychotherapy will help Trisha to better understand the illness, accept the diagnosis, and learn to manage the chronic nature of bipolar disorder I. This will also include support groups, which can provide a great opportunity for Trisha to talk to others who struggle with bipolar disorder, learn from them, and normalize their experiences together.

After consulting with the psychiatrist, Trisha has been prescribed valproate with a daily dose of 750mg, as well as 300mg of quetiapine daily at night time to help with her sleep and restlessness. Valproate is the best-known anticonvulsant, which may be more helpful to Trisha than lithium as she experiences rapid cycling, which means she may experience four or more episodes of mania or depression in a 12-month period. Some side effects of valproate can include nausea, diarrhea, hair loss, rash, weight gain, and tremors. This is not something we would use if Trisha were to be pregnant due to risk of pregnancy.

**3. What ways will the family be involved in implementing the treatment plan?**

Trisha is doing a great job so far attending therapy twice a week and group once a week. Her mood has also been stabilizing since being on the medication and engaging in psychotherapy. She expresses making progress in terms of returning to her part-time job as a waitress again and no longer being in her previous relationship. Some of her long-term goals include attending college next year and saving enough money for her own apartment.

What have you noticed that seems to help Trisha these days? How can we implement more of that in her routine at home?

One of the main challenges with care for bipolar patients include ongoing compliance with medication because they often miss the euphoric feelings of mania. It is essential that Trisha has support in keeping up with her medication regimen as well as any refills that would be necessary to pick up throughout treatment. I highly suggest having a routine time when she takes her medication daily, such as right after breakfast every morning.

Another concern is any accompanying alcohol or drug abuse, as it is common with bipolar clients and Trisha has a history of alcohol use. Controlling excessive alcohol use will provide a much more promising treatment outcome for Trisha with lowered risks of suicidality, aggressivity, and impulsivity.

It is not uncommon for bipolar clients to minimize the use of his or her “recreational” methamphetamine use or “forget” to inform people about having a couple drinks before dinner, which may be affecting a patient’s symptomatology. Oftentimes, it may be difficult for Trisha to have a clear concept of balance as she tends to lean towards extremes. It is important to not be accusatory in approaching her but also to help be accountable for her alcohol or drug use and how it may be affecting her symptoms and reacting with her medications.

Trisha’s support system will be essential for being the eyes and ears while she is at home to maintain the hard work she is doing throughout the week.

How do you feel like you can help play a role in supporting her in these ways? What is a practical plan we can consider to encourage medication compliance and alcohol/drug use assessment at home for Trisha?

It is not always easy as family members to go through the ups and downs of Trisha’s mental illness and it is completely normal to feel overwhelmed at times. I want to remind you that I can always offer referrals for any family members to receive individual support if things feel overwhelming or if there is difficulty with coping or communication along the way.

It is amazing that you are showing up today to learn more and to find ways to support Trisha in her treatment and recovery. I am already seeing so much progress in her insight into her illness and in the way she helps other young women in her local support group and I believe her support system can be an impactful part of continuing this progress.