

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Enhancing Independence for Individuals with Disabilities.

Session: Domestic Violence and IDD

Name: Natalie Gorman LMSW

Date: 11/13/2023



Patient Information

Gender: Male Female

Age: 36

Race:

- American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander Multi-racial Other
 Black/African American White/Caucasian Prefer not to say

Ethnicity:

- Hispanic/ Latino Not Hispanic/Latino Prefer not to say

Strengths and Preferences (goals, motivators, preferences, important to the individual)

This member presents with perseverance as one of his greatest strengths. He has endured much hardship, loss, and trauma in his life. He is motivated mostly by money and relationships with others. He longs to be a part of a group of like-minded individuals and is quite social. He does tend to waver back and forth with having a roommate or living independently. What is important to him is for someone to listen to him and respect him no matter what his decisions may be. His desire to be loved, wanted, appreciated, and valued is also important to him. He does not like for others to assume things about him, and he will get frustrated easily when he feels he is not listened too. He is also well educated in using public transportation which allows him to have more freedom. Goals for this member have fluctuated over the years. Currently he would like to move to a different apartment. His support team has worked tirelessly with him over the last year and thoroughly investigate and assess all possibilities of another living situation.

Relevant Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

Currently member lives alone in his own apartment in a well populated area. He is employed working at a restaurant and works on average 30 hours a week. He did not finish high school and has no interested in furthering his education. He has no children and very little supports besides those who are paid supports. He has some legal history known which includes being the victim of exploitation, battery, public indecency and attempt to commit fraud. These charges are not currently on his record, per se as the district attorney did not proceed with any of the cases. Regarding relationships member struggles significantly. He has a history of involvement with one specific male who uses this member for his own personal gain. He will "toy" on the members emotions and his love for him and use him for sex. He will assert his dominance over him and abuse him both sexually and financially. He will draw him in tell him how much he loves him and there is no one else for him, etc... The member will give money to him for sexual favors then realize he does not have money to pay his own bills. Not only is this a pattern of behavior which impacts his basic need to have food and shelter; It also impacts his mental and emotional health.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>This member has the following diagnoses.</p> <ul style="list-style-type: none"> Diabetes Mellitus Hyperlipidemia Hypertension I/DD (Intellectual Disability Disorder) ADHD (Attention Deficit Hyperactivity disorder) Anxiety 	<ul style="list-style-type: none"> Atorvastatin, 20 mg daily Januvia 100 mg, daily Losartan 25 mg, daily Metformin 1000mg daily <p>Dr ordered to check blood sugars BID, currently only checking once a day.</p>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>Nothing current reported. Requested records from most recent Dr visit from 11/7/23. Member has a PCP.</p>	<p>NA</p>
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
<p>Member has no history of any substance use. He does not smoke cigarettes or drink alcohol</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Member has not had any history of self-harming behaviors, attempts at suicide or any harm to others. He does have diagnosis of anxiety and ADHD. He has refused to take any psychotropic medication which may be used along with other traditional treatment modalities (therapy) to help manage his symptoms. He has historically received individual therapy and was participating every two weeks. However, since the pandemic he has ceased participating in therapy. He reports sometimes the therapy was helpful and other times he reports “not so much.”</p>	

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Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)

Member has not had any “formal” treatment apart from some individual therapy work. This was done on an outpatient basis.

Barriers to Treatment

While the member may have goals for himself, he lacks the capacity to stay on track to meet the goals. As mentioned above, member has a strong desire to be loved by others. This desire along with his poor cognitive and coping skills lends itself where he will find himself in an unhealthy, dangerous, and harmful relationships. He identifies as being gay, yet his current “relationship” the man is married to a woman, and he abuses the member for his own gain. This cycle has been going on for some time causing significant loss for the member. This “partner” knows when the member gets money and uses this time to convince him to give him money and preys on his emotions and his known love for him to get what he wants. After this happens, the member will reach out and is devastated because of how he feels when he is used and discarded. His support team will talk with him and process with him what happened, how he feels and how this type of relationship is not healthy and is hurtful. The member will admit that it is but is unable to leave this relationship because of how he feels, how his “partner” makes him feel and in that “moment” that is all that matters to him.