Long term use of Sedative Agents is Dangerous

CN II: Visual fields are full to confrontation. Fundoscopic exam is normal with sharp discs and no vascular changes. . Pupils are 4 mm and briskly reactive to light. Visual acuity is 20/20 bilaterally.
CN III, IV, VI: At primary gaze, there is no eye deviation. Extraocular movment intact as is convergence. There is no ptosis.
CN V: Facial sensation is intact to pinprick in all 3 divisions bilaterally. Corneal responses are intact.
CN VII: Face is symmetric with normal eye closure and smile.
CN VII: Hearing is normal to rubbing fingers
CN IX, X: Palate elevates symmetrically. Phonation is normal.
CN XI: Head turning and shoulder shrug are intact
CN XII: Tongue is midline with normal movements and no atrophy..

SLEEP INSTRUCTIONS: ”Sleep is a complicated process with several important components. Maximizing all of these improve your chances for good sleep. 1. Get into good routine. How you sleep tonight is a reflection of how good of a sleep routine you practiced for last month." 2. Avoid stimulation past 8:00 including arguments, intense light, coffee, alcohol. 3. Darkness helps sleep. If you need a night light make it a low red one. .

LIGHT THERAPY

Light therapy is one of the most effective treatments for depression it can also be helpful for improving cognition in the evening and sleep. Remember our bodies were designed to be in fairly bright light while active and to start to slow down after sunset. So it is better to keep bright light going into the evening if we plan on being active but not so late that it disrupts our sleep.

It is best if at 10,000 lux (measure of brightness) of full-spectrum light, delivered for 30-60 minutes in the morning before the sun comes and/or 30-60 after it goes down.

Here are a few links to light therapy options. I have used the satellite for years. Not exactly attractive furniture but it does work.

https://www.walmart.com/ip/TheraLite-Light-Therapy-Lamp-10-000-LUX-Compact-Bright-Light-Sun-Lamp-Energy-Booster-and-Mood-Lifter/838425750

MEDICATION INSTRUCTIONS

NEW MEDICATION OR ADJUSTMENT NOTICE:

You have been given a new medication or had your medication adjusted in this visit. Any time this is done it can affect not only this medication but others that you are taking. It is always best to make this adjustment when you will be observed or around others and not engage in any risky or complicated activity until you are aware how this change will affect you. Remember any medication can result in a life threatening allergy so we need to know of any new or worsening symptoms as soon as possible. We usually recommend a blood pressure cuff from home to monitor your basic vital signs (pulse and blood pressure) whenever on medication, particularly when starting it. Always discuss any family planning with provider prior to becoming pregnant if possible as many medications carry increased risk to the fetus or mother during pregnancy.

SUBLINGUAL OR DISOLVING MEDICATION:

We are going to be using a sublingual or dissolving medication. We use sublingual meds for a few reasons. They are more easily absorbed directly to bloodstream and therefore have a quicker onset of action and more consistent blood level. In addition, they bypass the stomach and therefore are not affected by gastro-intestinal conditions or procedures.

PRAZOSIN:

Start prazosin 1mg at bedtime. You may increase to 2mg if no effect or side effects. The 2 mg can be once at night or divided. Watch for

dizziness on standing on this medication. This medication is used in both attention deficit disorder and trauma related anxiety. It works by mitigating hyperarousal (means you are triggered less when triggered). Unfortunately it can make you dizzy if you get up too quickly because it interferes with our body's ability to raise our blood pressure when going from lying to sitting to standing. It should help nightmares but sometimes it can seem to worsen them. .

QUETIAPINE

We're going to be starting you on quetiapine. And we're using it to lower the obsessional nature of thinking which is common in severe post traumatic stress disorder, depression, bipolar disorder. The dosing range on this drug is enormous. Start with 1/2 tab and you may go up to 3 at bedtime. You may feel tired the next day or dizzy when you stand up.

STIMULANT ADVICE (GENERAL)

We are going to be starting a stimulant.

Watch for chest pains and palpitations

Avoid taking in the evening.

Avoid marijuana

If you get really triggered or anxious schedule w/ us right away and pull back on stimulant.

Stimulants are very strong clock drugs. Make sure that you use them at the same time each day and not move this around very much. Also if you get a triggered or highly emotional event you may need to pull back on dose for a few days. And last avoid marijuana on them due to increase risk of paranoia. Appetite suppressant effect will last about 6 weeks. Monitor pulse and blood pressure. .

MODAFANIL:

Modfanil is an accepted augmenter of depression supported by the following meta analysis review in the journal “psychiatrist” (link below). Data from 6 trials of 910 patients with major depression and bipolar depression showed improvement on depression scores, remission rates, and fatigue, with no more side effects than placebo.

https://www.psychiatrist.com/jcp/bipolar/modafinil-augmentation-therapy-unipolar-bipolar-depression/#:~:text=The%20meta-analysis%20revealed%20significant%20effects%20of%20modafinil%20on,and%20bipolar%20depression%2C%20with%20no%20difference%20between%20disorders.

Start modafanil 50mg (1/2 tab) in am. We are trying to activate you not agitate first thing in the morning and help daytime fatigue so you have a better day/night cycleWe want you to face your problems and stressors in this time, acknowledging everything you may worry about on this given day so that you can let it go by 2 pm and not be obsessed or bothered later when you should be relaxing.
CLINICAL INSTRUCTIONS

ADVICE(CRISIS):

You're kind of in crisis mode right now. Don't try to get too much done and don't be destructive. Often we just feel the need to "do something" when there isn't much to do. But you can still take care of yourself. Eat reasonably well, exercise, sleep at a decent hour, and try to have a little fun. This will actually help you think of new solutions to your problems instead of going over the same circles again and again (this is also why we use some meds to help decrease obsessive or ruminating thinking.).

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CONSIDER PARTIAL HOSPITALIZATION: Please consider doing partial hospitalization. This is an intensive outpatient program that allows us to see you every day and adjust your medication as well as expose you to socialization and structure, two interventions which help most psychiatric conditions..

CLINICAL DETAILS (BLEEDING RISK WITH ANTI DEPRESSANTS)

SUGGESTED INSTRUCTIONS: Since anti-depressants can affect your bloods ability to coagulate you need to be careful if you are on blood thinners or aspirin. While generally not life threatening in the short term, it can lead to blood loss through worsening of bleeding ulcers. Watch for changes in your stool as one of main indicators. Dark, tarry stool is a possible sign of blood that has been metabolized by the GI track. .

CLINICAL DETAILS (COPD)
You have been diagnosed with Chronic Obstructive Lung Disease (COPD) in the past. This condition can significantly worsen anxiety by triggering the suffocation response and hence panic attacks. Some medications (alprazolam, lorazepam, diazepam, clonazepam) help the anxiety but can worsen the underlying lung disease by decreasing the lungs ability to fully inflate. You are likely to die sooner taking this medication but may live a better life. If you don't feel this risk/benefit has been explained please let us know.

CLINICAL DETAILS (CORONARY ARTERY DISEASE):

Since you have a history of heart disease, it is important to know that many psychiatric conditions and medications can affect your stress level and the heart's ability to do it's job. Cardiac conditions, particularly in women, can be very vague in their symptoms including chest pain, dizziness, numbness, shortness of breath. Persistent or new symptoms that may be cardiac should be evaluated urgently as the initial evaluation is relatively low risk. .

(BIPOLAR PATIENT ON ANTIDEPRESSANT): SUGGESTED INSTRUCTIONS: I
If you have bipolar disease anti depressants can destabilize your condition and cause you to cycle more frequently and more severely. But...sometimes they are necessary to help life mood or for other conditions you may have. If you have bipolar, we always want to be working to keep you on the least amount of anit-depressant or stimulating medication that keeps you well. .

CLINICAL DETAILS (ANXIETY PATIENT ON A STIMULANT FOR COMORBID CONDITION): Stimulating medications are useful for a number of medical and psychiatric conditions. Unfortunately one of the common side-effects is increased anxiety. This can be consistent or episodic (within a triggered state). We emphasize to patients that this is a tricky situation that may frequently require they lower the stimulant in hyper anxious states in order to prevent worsening decompensation. Our last resort is using high dose stimulant and high dose benzodiazipines (Strong uppers and downers in lay terms) at the same time and we attempt to avoid this if possible.

SUGGESTED INSTRUCTIONS: "You have an anxiety disorder but also require a stimulating medication for attention deficit, bipolar, or other psychiatric condition. This is tricky because the stimulating medication can worsen your anxiety, particularly during times of stress. So if you do notice a bump in overall anxiety you have to contact us immediately and be prepared to adjust the stimulating medication down." .

CLINICAL DETAILS (ANTIPSYCHOTIC TREATMENT): This patient is being treated with an antipsychotic. A class of drug shown to have extensive benefit but also extensive destructive power in certain populations. Our treatment philosophy is to use them only when there is significant benefit and at lowest dosage repeatedly discussing the risks of movement disorders, diabetes, and death in certain populations. The importance of avoiding medications and situations which worsen side effects including: dehydration, alcohol and caffeine, diet pills, and certain anit-nausea drugs is brought up as well.

SUGGESTED INSTRUCTIONS: "You are on a strong medication that requires blood monitoring periodically. It can cause significant side effects including changes in blood sugar, pneumonia, irreversible cardiac and movement problems, stroke and death. Do not adjust this medication without medical advice. Let us know immediately with any dramatic changes. Avoid alcohol and always let your medical providers know you are on this." .

CLINICAL DETAILS (CORTICOSTEROIDS): This is a patient on coritcosteroids. This not only increases emotional lability but also risk factors such as weight gain and fluid retention. Harmful behavior is also more possible in these windows.

SUGGESTED INSTRUCTIONS: "You are taking prednisone or a similar medication (called a corticosteroid). While these medications can be life-saving they can destabilize mood in significant ways. Please let us know with any major emotional changes." .

CLINICAL DETAILS (BENZODIAZIPINE USE): This patient is on a consistent use of a benzodiazine. A class of medication associated with a number of difficult issues including addiction, disinhibition, cognitive slowing and illegal use. That being said it is useful adjunct to significant anxiety and mood disorder in some patients.

SUGGESTED INSTRUCTIONS: "You are taking a benzodiazipine, a class of medication associated with a number of difficult issues including addiction, disinhibition, cognitive slowing, memory loss, and legal

ramifications. Never use alcohol on these medications, combine them with other sedatives, or take in any way other than prescribed. This can result in catastrophic, even lethal, consequences." .

CLINICAL DETAILS (STIMULANT TREATMENT):. This patient is being treated with a neurostimulant, a class of medication particularly beneficial in adult attention deficit disorder.It also has some evidence in rehabilitation after a stroke and is used rarely cognitive and emotional disorders when all else has been tried. There is a risk of abuse, illegal selling, and cardiac issues particularly myocardial infraction and arrhythmia. These issues are addressed as patients get older and more likely to have more effects from the medications. Drug holidays are encouraged once/week to avoid dependence and allow cognitive recovery. Patients should monitor for hypertension, anxiety, heart arrhythmia, dizziness.

SUGGESTED INSTRUCTIONS: "You are taking a neuro-stimulant, a class of medication associated with a number of difficult issues including addiction, anxiety, heart attacks, and stroke. Never use alcohol on these medications, combine them with other sedatives, or take in any way other than prescribed. This can result in catastrophic, even lethal, consequences. Monitor for high blood pressure, chest pain, anxiety, paranoia. And let us know with any dramatic changes." .

CLINICAL DETAILS: (ADDICTION POTENTIAL): This is a patient with either a past history of addiction, dependence, or abuse of medication or a patient with behavior which may represent this kind of difficulty (refilling of medication early, from multiple providers, or even repeated requests to go back and forth on different medication within an addicting class. These patients pose a difficult challenge clinically because they may be deceptive regarding these behaviors. The line between "helping" and "enabling" can prove very gray, even going so far as to be being both at the same time in some case. Our approach is to be assertive but supportive and encourage insight while using the benchmark of discharging patients when we feel we have crossed the line from predominantly helping to predominantly enabling. .

CLINICAL DETAILS (DEA SEARCH): At this visit a drug enforcement agency review of patient's recent fills and prescription patterns was performed utilizing the DEA website..

CLINICAL DETAILS (MULTIPLE ANTI-DEPRESSANT OR STIMULANT THERAPY): This patient is on two or more stimulating antidepressant that is a common but tricky practice that often increases risk of side effects as well as efficacy. Patients need to be aware of strict compliance. Avoiding complicating factors. Possible increase risk of seizures, serotonin syndrome and agitation. .

CLINICAL DETAILS (ALPHA THERAPY): This patient is on alpha therapy for post traumatic stress disorder. The monitoring of blood pressure was emphasized as well as the critical nature of staying compliant including severe hypertension in discontinuation.

SUGGESTED INSTRUCTIONS: "You are on what is known as an alpha agent for presumptive post traumatic stress disorder. These agents effect blood pressure and can result in low or high pressures. You should have a home monitor that you have verified and check with any symptoms of dizziness, chest pain, head aches. If the second or bottom number is less than 40 or the top number is greater than 180 (and this is out of range for you or unexplained) you should immediate medical care." .

CLINICAL DETAILS (REFRACTORY TO TREATMENT OR MULTIPLE FAILED TRIALS): This is a patient that has tried a number of different agents across several classes without significant long-term stability or efficacy. This represents a particularly difficult challenge because there can be many reasons for this type of presentation including but not limited to: Noncompliance (taking meds inappropriately or adding substances or meds without notifying physician), Underlying medical conditions, Dramatic psychosocial stressors, Non-absorption of meds, Misdiagnosis, Malingering. All of these possibilities are explored in varying details as treatment progresses. .

CLINICAL DETAILS (COMPLIANCE): This is a patient who has had a difficult time following up as suggested, taking medication as prescribed, or reporting timely changes in their condition. This represents a difficult challenge in assessing progress and implementing treatment. Options include increasing support (home health, more frequent visits), education (on the importance of compliance), and even discharge from practice (if it

appears that we are enabling poor decisions more than helping the patient overall).

SUGGESTED INSTRUCTIONS: "We know at times it is hard to listen and follow all of our instructions. But these are designed for your benefit to help you get better quickly and give you more control over your life. Please remember that as you consider doing things like mood charting and sleep hygiene.".

CLINICAL DETAILS: PRONOUNCED COGNITIVE ISSUES WITH DEPRESSION: A subset of patients (with elderly patients particularly at risk) experience severe cognitive slowing with depression known at times as "pseudo" or "false" dementia. These patient are particularly complex and difficult to tease cognitive deficits from mood and possibly other etiologies.

SUGGESTED INSTRUCTIONS: "You have a history of significant cognitive slowing with depression sets in. People in your life need to know this so they can help you recognize and seek assistance early in the course. In some cases, this can be so severe that people are thought to have dementia a term known as "fake dementia" because once depression is treated the cognitive deficits go completely away.".

CLINICAL DETAILS (NARCOTIC AND BENZODIAZEPINE COMBINATION): This is a patient taking both benzodiazepine and narcotic medication. This can be a dangerous combination as addressed in recent FDA warnings. We generally try to limit exposure with this combination and believe in informed consent as benzodiazepines can be very helpful in panic disorder prevention.

SUGGESTED INSTRUCTIONS: "You are on a combination of narcotics and benzodiazepines. This can be a lethal combination and every effort on your part and your physicians should be made to try to lower to minimally effective dosing. Keep records of what works and be open to any and all alternatives to try and minimize this combination that while dangerous, does provide relief to some patients.".

CLINICAL DETAILS (MARIJUANA FOR POST TRAUMATIC STRESS DISORDER): This is a patient with refractory post traumatic stress disorder we are considering medical marijuana as an adjunctive treatment for. There

are considerable risks associated with this treatment including activation of psychosis, conjunctivitis, respiratory issues (inhaled forms), and lack of motivation. However, anxiety and other core symptoms have been improved in some cases. We view in context of risk/benefit. .

CLINICAL DETAILS (ABSORPTION DIFFICULTIES): This is a patient who has had difficulties absorbing medications in past either from a nervous stomach, GI condition, gastric bypass or other problems. We try to use liquid and disolvable options and realize that metabolism in such patients may be more erratic.

CLINICAL DETAILS (SEDENTARY PATIENT): This is a patient with limited physical activity for either medical, pain, or psychiatric issues. Strategies encourage activity that patient is capable of, massage therapy, and acupuncture recommendations as well as dietary modifications that limit weight gain with limited physical activity.

SUGGESTED INSTRUCTIONS: "Activity is very important for health. Whatever you can do, however you can do it, will likely be helpful, whether it's swimming, walking, biking. Sometimes massage and acupuncture can be helpful if you cannot be active for some reason or another. Keeping a balanced diet and avoiding a lot of simple sugars is very important when you cannot be as active as well.".

CLINICAL DETAL (CHRONIC PAIN): This is a patient with severe chronic pain that affects their sleep and functionality often decreasing ability to exercise, maintain a healthy lifestyle and a good sleep-wake cycle. We emphasize the importance of "compartmentalized" normality within a day or week and the importance of including fun and happiness (not only work) into functional periods.

SUGGESTED INSTRUCTIONS: "Since you are dealing with severe chronic pain it is important to not push yourself to hard. Try to compartmentalize your days and weeks into times of functioning that get the most done, including having the most fun. This is better in long term than pushing yourself too hard, then falling back into periods of extreme inactivity.".

PSYCHOLOGICAL DETAILS: (TRAUMA SURVIVOR): This patients history of emotional trauma has been determined to play a role in their mental health treatment. We attempt to help them understand and appreciate the ongoing impact of trauma on their lives and prefer them to establish a "survivor" identity from the experience. A survivor is someone who has gone through something difficult, is forever changed by the experience, yet has emerged with the most important aspects of their humanity (morality) relatively intact. Survivors often over use suppression (even to the point of disassociation) to deal with even low-level stressors, tend to over-react to triggers (including loss of control , and often try to stay very busy physically to prevent the intrusion of traumatic thoughts and memories. An understanding in recognizing these traits along with the benefits and pitfalls of them is part of ongoing treatment.

SUGGESTED INSTRUCTIONS: "You have been through a lot severe trauma. Try not to overreact to small triggers." "You will probably never be able to communicate when you are upset (triggered). The best you can hope for is to break off communication at that point. Take a breath. Calm down. And then try to reengage communication." "The longer you're calm, the calmer you get, and the more stable your calmness will become." "The more you're triggered, the more likely you'll get triggered, and the more intense those triggers become." .

PSYCHOLOGICAL DETAILS (TOO HARD ON SELF): We have identified this as a patient who tends to be too hard on themselves or take too much responsibility and guilt for the issues of others. We reinforce self-support for these patients.

SUGGESTED INSTRUCTIONS: "You beat yourself up to much...try to treat yourself like you treat others." "Just because you feel responsible doesn't mean that you are." .

PSYCHOLOGICAL DETAILS (DISTRESSED PATIENT): During this interview patient was in a distressed state making history acquisition difficult with either inconsistent answers or difficulty eliciting them. The final product reported appears to be the best assessment of complaints under such situations with emphasis placed on risk assessment.

SUGGESTED INSTRUCTIONS: "When you feel really bad, the most important thing is avoiding destruction. People feel so out of control when they feel horrible and they want control so badly that it becomes appealing to get control through destruction. You're better off doing nothing than doing something bad.".

PSYCHOLOGICAL DETAILS (INTERPERSONAL PROBLEMS): This is a patient in which relationship problems tend to overwhelm them. These factors were explored during this with particular attention paid to whether exacerbations in symptoms appear related to psychological, medical, treatment response or lack there of. Patients with psychiatric symptoms that are dependent on interpersonal difficulties pose a particular difficulty in assessing treatment response.

SUGGESTED INSTRUCTIONS: "You have been having some problems with your social network. Remember to focus on, embrace, and sustain your healthiest relationships rather than devoting all of your time, thought, and energy into those that are struggling most. This will allow you to maintain your healthy relationships, which often requires less effort and delivers more benefit, while still looking for solutions.".

PSYCHOLOGICAL DETAILS (GRIEF): GRIEVING PATIENTS (BOTH ACUTE AND CHRONIC) Represent a difficult aspect of therapy. Their focus on loss often hampers their ability to mobilize resources in the present. This patient has sustained a substantial loss that attenuates their ability to fully engage in their own care.

SUGGESTED INSTRUCTIONS: "A major loss requires us to reinvent who we are because we've lost a piece of who we were." "Connect to the person you've lost that's still inside of you. This makes their contribution to you mean more and last longer." "You remember more of people that made you happy when you can learn to be happy even after they are no longer here.".

PSYCHOLOGICAL DETAILS (REINFORCEMENT OF PSYCHOTHERAPY PRINCIPALS) : This patient is currently undergoing psychotherapy. Those principals were reviewed and reinforced at this visit including Ego lending, Cognitive behavioral therapy, relaxation, biosocial rhythm, and recognition of emotional triggers as directed by therapist..

PSYCHOLOGICAL DETAILS (OBSESSIONAL PATEINT): This is a patient we have have identified as a patient with obsessional tendencies (tending worry in circles, over and over, without much progress or consistency). Our approach with these patient is to encourage windows of worry and obsessions and stopping thoughts in an OCD therapy type protocol

SUGGESTED INSTRUCTIONS: "Give yourself certain windows to worry or obsess...say 1 hour in am and 1 hour in pm. This will let you practice not obsessing in other times and maybe even make the most of your situation in times you do. I've never seen someone wake up after four hours of obsessing with a new solution. But people who stop and go back to problems frequently benefit from the process.".

PSYCHOLOGICAL DETAILS (COMPLACENCY RISK): This is a patient we have identified at risk for complacency in their own management of their condition. This usually means they have done well for some time or have a pattern of thinking "I'm better" when symptoms abate. The truth is nearly all psychiatric conditions require at least some small degree of daily or at minimum weekly monitoring (journaling, meetings, f/u visits) and without some vigilance decline/relapse risk increases.

SUGGESTED INSTRUCTIONS: "Please be careful being complacent with your gains and your stability. Nearly all psychiatric conditions require at least some small degree of daily or at minimum weekly monitoring (journaling, meetings, f/u visits) and without some vigilance decline/relapse risk increases. Watch for changes and let us know when you see them." .

PSYCHOLOGICAL DETAILS (CHILDLIKE OR MORE PRIMITIVE SOCIAL INTERACTIONS): This patient is currently experiencing more regressed or childlike interactions (splitting, all or nothing thinking, exaggerated emotional response, acting out and others) This may be a chronic state and the result of developmental delay or may be the result of acute decompensation (many high functioning individuals regress in crisis). This requires a certain expertise in interpreting their history and interactions. .

PSYCHOLOGICAL DETAILS (CAREGIVER): This is a person who tends to try to take on the care of others. Often to their own self-neglect. We emphasize the importance of not feeling guilty about caring for yourself,

setting limits with those who will take advantage of this, and accepting limitations even over very emotional issues.

SUGGESTED INSTRUCTIONS: "You have a history of taking care of others, maybe taking on too much responsibility for their choices or actions, or even actions which effect them. Sometimes you do this at your own expense. You need to remember that self-care and self-compassion is maybe the most important aspect of caring for others.".

PSYCHOLOGICAL DETAILS (ISOLATING). This is a patient that tends to isolate or limit social interaction. We frequently encourage "getting out" more and interacting on a more superficial level, interacting with yourself while being around others for example reading at a coffee house.

SUGGESTED INSTRUCTIONS: "You tend to isolate and pull away from people. Humans, even "loners" need and benefit from social interaction. There are many levels of social interaction from high intensity friendships, to group tasks, to even going to a social gathering or meeting place and being around people while everyone works individually (coffee house or library). All of them help our need to be around others.".

PSYCHOLOGICAL DETAILS (MARKED SUPPRESSION): This is a patient that uses suppression of emotion to deal with emotional issues, sometimes suppressing even the lowest level of discomfort and frustration. These patients can be difficult for people to read because they do not communicate negativity very well and may wait until overwhelmed and then have intense emotional release.

SUGGESTED INTERVENTIONS: "You occasionally struggle communicating or even recognizing when something bothers you "a little." Please try to pay attention to this and communicate it in reasonable ways. This tops the cycle of suppressing a bunch of little things and then exploding with the proverbial "straw that broke the camels back."" "When you suppress emotion you have to watch out because you may be close to getting overwhelmed without realizing it.".

CLINICAL DETAILS (LODESTONE CAREGIVER): We have identified this as a person with a "lodestone caregiver" . Medical Marijuana Patient is here today for prescription of medical marijuana for Post Traumatic Stress Disorder or a related condition. Is aware of risks and benefits. Physical exam conducted and no contraindication for implementation based on examination of heart, lung, abdomen and mental status. Alert and oriented x3.

SUICIDE / HOMICIDE/PSYCHOSIS RISK ASSESSMENT AND PHILOSOPHY We have identified this as a patient with significant risk factors that warrant more careful consideration including potential hospitalization. We try to emphasize the importance of not acting on destructive impulses, seeking out sources of support and routine, and giving accurate feedback on medications, conditions, and side effects. A suicide/homicide/psychosis risk assessment was conducted with following information obtained at this visit. Static/Unchangeable factors were considered in this assessment such as age, sex, history of training, Dynamic factor assessment described below. THERE IS WORSENING PSYCHOSIS OR DISTURBANCE IN REALITY.There is no psychosis or psychosis is at baseline. PSYCHOSIS IS CONGRUENT WITH OR HAS POSSIBILITY TO INCREASE HARMFUL BEHAVIOR OR NEGLECT. Psychosis does not appear to greatly increase risk at this stage. Current or recent suicide or homicidal ideation (describe): There is no imminent plan to harm self or others. Patient contracts for safety until next appointment. There are NO firearms in house. THERE ARE FIREARMS IN HOUSE BUT PATIENT IS REFUSING TO REMOVE DESPITE DISCUSSION ON RISK OF THEM. Patient NOT drinking or using drugs currently. PATIENT IS DRINKING OR USING ELICIT DRUGS ACTIVELY. Patient denies feeling helpless and alone. PATIENT FEELS HOPELESS. PATIENT FEELS ALONE. Patient does not have a history of suicide attempts. PATIENT HAS A HISTORY OF SUICIDE ATTEMPTS. Patient is refusing partial hospitalization program. Patient is refusing voluntary hospitalization recommendation. Patient is agreeable to voluntary hospitalization program. Patient is agreeable partial hospitalization program..

ADHD as a product of a boring world
In our model of ADD we talk about how ADD is a function of constructing a world where boring stuff (like taxes, speed limit signs, and bills) are important.

We do not have the attention system to deal with boring things very well. Our ancestors paid attention to few boring things. (Food is very interesting when you are hungry.)
Our brain generally needs to be excited about details to organize appropriately. For some people this stops them to such a degree that they neglect important things.
With medication we induce a false sense of excitement that allows the mind to work better on boring things.
By making tasks more exciting, ADD can be helped as well. This is why cramming works.
Teaching Points from this Model:
"Use the medication to apply yourself to those things that would be difficult for you to focus on."
"Try to make tasks more interesting to help your focus. Use music, stimulation, and imagination to your advantage."
"Take holidays from medication when you do not need to focus." . .

CLINICAL DETAILS (MOVEMENT DISORDER): This is a patient with at least one movement disorder in that past thought possibly to be related to a medication. This means any future medications with this capability carry an additional risk which needs to be considered. .

TREATMENT MODELS JOHN W. GRACE, M.D., P.A. Philosophy: Our philosophy at John W. Grace, M.D. , P.A. is to make medicine simple enough that every day people can grasp mental health issues in a way that allow them to contribute and understand their contributions. We want to take the intellectualism, elitism, and mysticism out of medicine and psychotherapy and work with common sense models that everyone can appreciate. The models that follow are for utility. Do they elicit the desired result from their use? Can patients, nurses, mid-level providers, and clinicians all use similar dialogue and language within the model to enhance communication and empowerment at all levels of the healthcare interaction. These are 13 models that help guide how we interact, talk to, and think about patients. Feel free to add to them if you would like. How our office works: The LPN is the contact person for every patient. They see the same LPN and the LPN spends the most time with them. This person will follow their care at John W. Grace, M.D. , P.A. and help you to

understand and apply our treatment models. Model #1: The Human Mind is Poorly Adapted for the Modern World. This is the cornerstone of our philosophy. We want you to understand the difference between the world of our ancestors and the world we live in and how that difference affects us. We are going to ask you to accept is that your mind, your brain, is much better suited to a Neanderthal world than our modern society. This is a very simple premise that will help in several ways: 1. It puts the blame of mental illness on the environment. People don't have to feel ashamed or inferior for struggling with issues that are caused by environment. "Mental illness is not your fault. Struggling with this world is not our fault. It's the fault of this difficult environment." "Don't blame yourself for struggling in a world that is difficult emotionally. The fact is nearly everyone struggles in dealing with this world." 1. While shifting blame to the environment, it puts the onus of change onto you. We're not blaming people for struggling in this world, this unnatural world that we have created for ourselves, but...we are telling them that they need to be a part of helping themselves cope with it. " Neither you or I is likely to change this crazy world any time soon, therefore, we need to understand how it is effecting us and what can we do about it." "We agree the world isn't fair. We agree it's not your fault. But we also understand that you still have the most power to make it better." 3. It gives a clear explanation of psychotherapy. Psychotherapy is the process of understanding how your mind works and how it can work better in this environment. With this explanation you can understand how psychotherapy helps us. "Psychotherapy is not about you sharing your most intimate details with a stranger, it is about you revealing them to yourself, learning your emotional triggers, so that you can understand how the world pushes your buttons." 4. It explains why mental illness is so prevalent. (Half of population suffers from it at one point in their life.) And it also explains why nearly everyone benefits from psychotherapy. "Many people have this idea or notion that psychotherapy is for really sick people or only people with problems. The truth is that nearly everyone benefits from an understanding of how their mind and emotions work in this unusual world we have created for ourselves." "Use your journal, use your therapy, practice it outside the office to gain a better understanding of your feelings. It will help you in all walks of life." Here are some concepts from this model: "Our bodies are built for intense short-term stress not the slow grind long term stress." The truth is our emotional system was not designed with twenty year or even twenty month problems in mind. It was designed for dealing with immediate life-threatening situations on a day-to-day basis. What this means is that rather than feeling " a little stressed

out " over long-term problems we tend to "freak out" over and over again. We don't have the emotions to feel little problems. So we forget about them, make them huge, and forget about them again. We should always try to remember that we are prone to over-react to small stress because there were very few low-term stressors when our emotional system was built. This is why long-term stressors (jobs, marriages, etc.) tend to really devastate us physically. We deal with them inappropriately. What do we do about this? Constantly work to mitigate the intensity of long-term stressors. Talk to ourselves. Remember that the intensity of the stressors tend to be exaggerated by our emotional system. Teaching points from this model. "Okay. I want you to realize this stress, this intensity your feeling is more intense than necessary. I want you disagree with your feelings. Not in their direction but in their intensity. I want you to tell yourself. I should be a little upset about this. But this is not imminent life or death. I want you to worry. But learn how to worry a little." "Practice focusing on your problems a little bit. It is very hard. We tend to get consumed and forget about our problems but most of the modern world's problems are dealt best with a little focus." Our Bodies Have a Rhythm Some animals are nocturnal. That means they sleep in the day and are up at night. Some animals are diurnal that means they are awake in the day and sleep at night. All animals have a circadian rhythm. That means they have a twenty-four-hour body clock that tells them when to do everything from eating, sleeping, running, and cleaning the house. And one of the cruelest things that our world has done to us is to disrupt this rhythm for human beings completely. How? Houses. Offices. And artificial light. The single biggest cue to set your body's clock is light. Bright days, dark nights, tell your body this is day and this is night. I should be awake and active now. I should be tired and asleep. But we live most of our days in artificial light which is as much as 10,000x dimmer than sunlight and most of our nights in slightly less artificial light which is 10,000x brighter than pure darkness. What is the end result? Most of our bodies have no idea what time of day it is most of the time. We end up eating at night instead of sleeping. We end up feeling tired in the day. Our medications don't work properly because we metabolize them differently. Teaching points within this model. "Are you taking care of your body rhythm. Are you shutting down at night. Staying away from bright computer screens and stimulant. Are you leaving your drapes open, getting out into the sunshine, letting the sun wake you up as it has for every diurnal creature for the last billion years?" "Never forget your body clock. Good circadian balance is one of the most important things you can do for yourself." "Your body is designed

to run on a certain schedule. Help it do that.” Diet Plays a Role in Mental Health One of the largest ways we are poorly suited to this world is the diet of modern society. We take too many stimulants particularly in the evening. We abuse too many sedatives, particularly in the day. We eat way too much sugar and not enough fish for the most part. And this contributes to feeling lousy. Teaching points within this model: “Are you trying to eat healthier? Avoid too much sugar. Drink enough water. Getting some daily activity. Taking Omega 3 Fatty Acids?” Model #2 Emotion as a Spatial Feature Perspective = Healing. For a more comprehensive version of this please see Dr. Grace’s book “Where am I?” Understanding the power of emotion is a lot clearer if you start to think of it as a spatial feature of the environment. Think of your feelings as either tinting the color of your environment or the background music playing in the movie of your life. Emotion has a strong role on your perception of your world and psychotherapy involves giving you the ability to step outside that emotion get some perspective and view your life more objectively. Most forms of psychotherapy involve changing perspective from the emotional to the objective and the success of the therapy depends on the persuasiveness of the therapist and particularly technique at accomplishing this. Principals from this model “Learn how to acknowledge feelings without acting on them. Feel destructive without acting destructive.” “Use your journal to gain perspective on your life. Write down a story and then view it with your eyes rather than your feelings. You may have a clearer understanding of it.” “There are two sources of information about your world. Your eyes and your emotions. Take control enough of your emotions that they aren’t the only thing telling you about your life.” “Write down your story and look at it as someone else’s story. You will see it differently, more accurately, with less distortion.” “View your life as some one else’s life, like a child. Imagine watching your child live your life. What advice would you give them.” Model # 3 Poor Self-Esteem is a Function of Impaired Perception In a desperate place, in a desperate situation, for short term it is completely appropriate and necessary to beat the living tar out of yourself, self-compassion is a luxury you cannot afford in an emergency. This false sense of emergency is the driving force behind the lack of self-esteem for most people. Even most people who report self-esteem do no usually have it, feeling good about themselves only if they are receiving a lot of positive daily validation from the world. True self-esteem results from having a positive assessment of yourself and humanity without action. Simply appreciating the kind of person you want to be with your life. Your success at being that person varies dramatically on a day to day basis and

with the winds of change. Teaching Points: “You have to learn to be compassionate towards yourself even when you don’t want to. Even when it seems that the world is too desperate to.” “You have to fight guilt. Just because you feel guilty doesn’t mean you did something wrong.” “You have to realize that we live in a world where we can have more self-compassion.” “You have to see yourself as having value BEFORE you do things. You cannot derive your basic human value from completion of action otherwise you will put too much pressure on yourself in that action and inappropriately punish yourself when you take the right action but do not get the right result.” “Even though beating yourself up feels right, most of the time it isn’t. You have to fight that feeling.” Model #4 Suicide as an unnecessary sacrifice In the model for understanding suicide in our practice we think of suicide as a desire to sacrifice ourselves for the greater good. In the world of our ancestors, food was scarce and if you were not contributing then people were likely starving to death for you. The impulse to end your life, “So people will be better off without me.” may have had some validity in those days. The reality is that rarely is that type of sacrifice necessary and often the act hurts those you care about much more than helps them. But it doesn’t change the fact that we have the natural impulse to sacrifice ourselves when we feel it will benefit those we care about. The reason we use this model is that it explains how it seems to make so much sense in the moment for people contemplating suicide and why they have to make an effort to protect themselves against this kind of thinking. Learning points: “You need to protect yourself from the impulse to self-harm. It can be very persuasive and seem to make a lot of sense. You need to make a promise to yourself to never act on these kinds of thoughts without talking to someone to stop yourself from acting rashly or being confused by intense feelings.” “It usually feels like it makes sense. But sometimes your mood distorts the world and your perceptions.” “You have to make a promise to yourself not to harm yourself. You have to do this when your feeling better, when you can see things clearly. Because it will be hard to see that in your darkest moments. It really can feel right. It can seem to make sense.” Model #5 Depression as Learned Helplessness. In this model of depression, patients become powerless over their lives the more their mood slips. We reinforce that powerlessness is an illusion and they need to start acting in small ways that contribute to the quality of their lives without necessarily seeing that progress or even expecting it to be successful. “You need to start taking small steps to improve your life even if they feel pointless or futile. That feeling of futility is an illusion.” “Depression is the impulse to give up, to stop fighting because you cannot

help yourself. You have to fight that impulse a little and realize that you can still take small steps to make things better.” Model # 6 Bipolar Disorder as a Broken Clock In this model bipolar disorder is determined to be an error of your internal clock. At times it goes fast at other times it goes slow. First we try to understand the clock. Learn when it’s going fast and when slow. Then we try to get techniques and medications to speed up or slow down the clock. “Is your clock going fast or slow?” “Are you taking care of your clock? Setting it at the right time?” “Are you getting frustrated with your clock? Angry at yourself for not moving faster when your body clock is in slow motion? Trying to go too fast or too slow? Are you watching your clock every day? Trying to understand it? Doing mood charting. Is it speeding up or slowing down? What types of things speed up or slow down your clock? Alcohol? Caffeine? Medication? How long does it take to work?

Model #7 Anxiety as Gentle Push In our model for anxiety we consider anxiety to be a gentle push that is constantly shrinking our world. Pushing against that anxiety is uncomfortable but necessary otherwise anxiety will push you backwards, shrinking your world. We use relaxation techniques and medication to expose ourselves to more anxious situations and expand our world. Medications need to help us to push back. Teaching Points “Always remember that anxiety is pushing you backwards. You have to fight back. Be a little uncomfortable and use the medication to help you fight back.” “Use your relaxation techniques to help you prepare for anxious situations.” “You have to expose yourself to some anxiety every day. If you don’t have some, you’re probably backing up. Not terror. Just a mild level of discomfort.”

Model #8 Post Traumatic Stress Disorder as a Broken Camera In this model we consider the mind a camera that takes pictures of emotional events. The stronger the emotion, the more intense the picture. In Post Traumatic Stress Disorder the pictures are so intense that they intrude on reality with some cues. This intrusion results in flashbacks, hyper anxiety. We try to avoid the emotional response to certain pictures, avoid others, and take different pictures. Teaching points: “Which pictures are bothering

you the most? Which ones can you avoid? Which ones do you simply have to get accustomed to seeing?” “Your mind is going to place pictures and movies in front of you. Some of them you are not going to be able to avoid so you need to get used to them.” “You need to stay away from severe pictures or movies if you can. If there are certain things that terrify you then stay away unless you can’t avoid them then you have to expose yourself to them.” “For example lets say you are assaulted by a man while walking on Williams Street in Chicago and this generates a PTSD type experience. You probably never have to go back to that particular street and would be better off avoiding it. But if the letter “W” makes you nervous then you have to learn to get through that because you can’t avoid it.” “Dealing with PTSD is learning which movies you can avoid and bury forever and which ones you have to learn to live with.”

Model #9 Substance Use Shame Model. In this model we focus on the most important aspect of substance use...shame. We realize and emphasize that no one ever gets better in this condition without addressing the shame of it. The cornerstone of this philosophy is, The first and most important continued step with substance use is the acceptance of the problem without being ashamed of it. “Working on limitations is never fun but always productive.” “We may get more enjoyment out of energy directed at our strengths but we get more stability out of working on our limitations.” “You have to stop lying to yourself in order to stop drinking. And as long as you are ashamed, you will lie to yourself.” “Substance use is always the biggest problem you have. But you don’t have to be ashamed of it to work on it.”

Model #10 ADHD as a product of a boring world In our model of ADD we talk about how ADD is a function of constructing a world where boring stuff (like taxes, speed limit signs, and bills) are important. We do not have the attention system to deal with boring things very well. Our ancestors paid attention to few boring things. (Food is very interesting when you are hungry.) Our brain generally needs to be excited about details to organize appropriately. For some people this stops them to such a degree that they neglect important things. With medication we induce a false sense of excitement that allows the mind to work better on boring things. By making tasks more exciting, ADD can be helped as well. This is why cramming works. Teaching Points from this Model: “Use the medication to

apply yourself to those things that would be difficult for you to focus on." "Try to make tasks more interesting to help your focus. Use music, stimulation, and imagination to your advantage." "Take holidays from medication when you do not need to focus."

Model # 11 Early Responsibility Model In this model we talk about one of the most common personality types to present to outpatient mental health. The child that grew up too early, was exposed to too much responsibility and now carries a child-version of adulthood forward. Children do everything over the top. A child that is put in charge too early becomes "too responsible" feeling guilty and responsible for everything and everybody. Therapy involves challenging this responsibility daily and repeatedly until it starts to subside a little. "Just because you feel responsible for the world doesn't mean you are." "You have to challenge that notion of responsibility that you have carried since childhood, that idea that it really is all on you." "You can only be responsible for what you can control. Do you find yourself feeling responsible for things out of your control?" "You may be carrying a child's view of what it means to be an adult. Children think adults are all-powerful and responsible for everything. Do you have that child's expectation of yourself?"

Model #12 GRIEF (Loss vs. Taking with you) In our model of grief we think of healthy grieving as connecting to memories of a loss in a positive way. We think of loss as feeling like we have a lost a part of ourself and healthy grieving is realizing that we cary a piece of our loss with us and all of us are made up those that have gone before us. The kindness and compassion lives on even after the specifics of a life are lost. "Sometimes it feels like you want to run away from your memories, forget about them. Healing means moving in the opposite direction in grief, remembering more, allowing those pleasant memories to remind you of how much of that person is still with you." "It feels like you have lost them and a part of yourself, but you need to connect to the part of them in you, that part that will always be in you, and realize that you carry them with you forever."

Model #13 Dementia with Behavioral Disturbance In our model of dementia with behavioral disturbance we realize that precise diagnosis in this population in extremely difficult and many problems are muti-factorial anyway. Our approach in most of these cases is less diagnosis driven and more risk-driven. What that means is that relatively benign and low-risk interventions (light therapy, B12, Buspar) are tried early regardless of suspected diagnosis. Our philosophy with dementia is a muti-factorial one. We try to treat a number of possible causes. And we use the safest interventions first. It is less diagnosis driven and more risk driven.