

Colin - Anger management

D - Hi Colin, thanks for bringing your partner Gail. How can—we spoke on the phone, briefly, I spoke mostly to Gail, and we sort of decided on appointment for you to come back and see me again.

P - Yeah.

D - From what was said on the phone, you saw a CPN yesterday because things have been really difficult.

P - I see her every two weeks anyway.

Gail - It was time, basically, to see her, and he went and saw her.

P - Instead of booking me an appointment for the following two weeks, she's booked me one in for next week.

D - So, things are a bit more difficult than usual, aren't they?

P - Aye. I'm just—I don't know what's going on. I feel like my heads got a lump of elastic in it and it's just snapped, to be fair, like.

D - Oh, god. (Reflects the emotion of the situation.)

P - I'm just...

D - What brought that on?

P - Nothing, really, was there?

D - When did it happen?

P - Monday.

D - Yeah. Has that happened before?

P - I've snapped and smashed things up and that before, but there's normally been bigger things leading up to that, but...

D - You didn't smash anything up this time, did you?

P - No, I smashed the iron, smashed some things in the bathroom, kicked things around downstairs in the house.

D - So, anger management's an issue when that happens?

P - Yeah.

D - Okay. Has anyone come to any harm with that, you included?

P - Gail's safe, yes, Gail's safe.

D - Are you safe when that happens?

P - I don't know.

D - Okay.

P - I'd rather lash out at objects than people, you know what I mean.

D - It doesn't sound like you're trying to harm yourself when that happens.

P - No.

D - But it could get dangerous, I guess?

P - Yeah.

D - But historically, it hasn't? No weapons involved?

P - No.

D - No heavy vehicles or anything like that?

P - No. Well, I've smashed a few cars up, losing my temper.

D - Oh, god.

P - My own belongings.

D - Are you driving these days?

P - No—what like, do I still drive today?

D - Yeah.

P - I still drive, but when I feel like this, I don't like driving, so I tend not to drive anywhere - you know what I mean?

D - So you can keep yourself safe, and fellow road users?

P - Yeah.

D - Okay, good. That's reassuring, isn't it. Okay, so, something snapped; anger management's an issue, there's a lot of tension there. That's what's going on at the moment?

P - Yeah. I feel like I'm very explosive - that I could go at any time, you know what I mean?

D - Yeah. What were you worried might happen?

P - I don't know. No idea.

D - What was Gail worried might happen?

P - I haven't spoken to her about it really, you know what I mean.

Gail - Well, it's just that obviously he's not his-self at the minute and you know...

P - I think she is worried like if I do explode and all that, where do I stand in the future regarding other things, other matters.

D - Other matters? Do you have a criminal record at the moment?

P - No - I've had a couple of cautions for a couple of things, but that's as far as it goes.

D - So, ultimately, it's important to keep your record clean, isn't it?

P - Yeah.

D - So managing your anger is clearly very important from that point of view, and it's good that you're conscious of that.

P - The risperidone helps the explosive side of my anger, and that, don't get me wrong, I just can't keep up with the physical effects of it.

D - Yeah...

P - But since going back on aripiprazole I've been fine for quite a while, haven't I?

Gail - You've been fine for a while, yeah.

D - Any side effects with it?

P - No, none at all.

D - Because that doesn't - one doesn't cause breast tenderness, does it?

P - No.

D - No discharge from your nipples or anything?

P - No, no side effects at all from it.

Gail - The psychiatrist recently upped his mood stabiliser as well.

D - How'd you get on with that?

Gail - Because he was on one-fifty - because he was originally on two hundred, and then they decided, I can't remember for what reason, but it got dropped to one-fifty.

P - Oh, it was because I had diarrhoea and they didn't know whether that was causing it or not.

Gail - So then we seen his psychiatrist and obviously he wanted medical - to review his medication and stuff and he said, 'I prefer people when they're on that medication, to be on 200mg'.

P - Two hundred's usually the lowest dose.

Gail - The lowest dose for them to obviously see an effect, so he said try going up to two hundred again. He said obviously if you're having diarrhoea again then take yourself back down but if you put yourself up, you've got that bit extra medication to...

D - Okay. Do you think it's stabilised your mood overall?

P - My mood is a lot better for it, like, I felt more stable for a longer period of time, this time.

D - And no diarrhoea?

P - No.

D - No. Before we go any further, can I check two things? The first thing is what were you *specifically* hoping to get from today's consultation?

P - I don't know, I think it was more that Gail wanted me to come in.

D - Just to touch base, because it's sometimes very therapeutic to just talk.

P - Aye, that plus you sort of know what's going on, if I need you in the near future.

D - Yeah. And also, we supplied you with some more diazepam, which historically, you found really helpful for helping you feel calmer, haven't you - when things are at crisis point, okay? Good. All right. The other thing was, was there any other issue that you were hoping to raise today?

P - My appetite's gone again, to be fair.

D - Gone down?

P - Gone down drastically.

D - Oh, okay.

Gail - The past few days, hasn't it?

D - What triggers that?

P - I don't know, it's just...

D - Are you losing weight?

P - I don't know. It's not that I'm not hungry, like, I feel hungry but when I'm eating I just...

D - No enjoyment in it?

P - Aye, no enjoyment, can't finish a meal. So...

D - Okay. Worried about that?

P - Aye, because I don't want to lose weight drastically?

D - Don't want to lose weight. And you're a good weight at the moment, but you wouldn't want to... Well, we can check your weight today as well. Is there anything that's historically helped you, when your appetite's gone off?

P - It's just waiting until it comes back really, isn't it?

Gail - When his appetite went before, it was because he was on that topiramate, and that obviously had an effect on his appetite, and that was obviously dampening his mood because he wasn't eating and stuff.

D - Yeah. You're not thinking the lamotrigine is responsible for that upsetting you...

P - No, I really don't think the lamotrigine is responsible.

Gail - Because, it had happened before, and I think it had a lot to do with his mood, and obviously...

D - Yeah, so we could see if it gets better. You've used mirtazapine before, haven't you?

P - Yeah.

D - And that enhanced your appetite?

P - Yeah.

D - So, if we needed to pull your appetite back, we could, couldn't we?

P - Yeah.

D - Not planning on that at the moment?

P - No.

D - All right. Let me just check there's nothing urgent or sinister going on, if that's okay. So, we'll check your weight today just to make sure that you're not losing too much weight; your bowels have been okay?

P - Yeah.

D - Yeah, and not vomiting at all?

P - No.

D - No plans to harm yourself or others?

P - No, not at the minute.

D - Substances?

P - Don't do them; any drugs or anything, so.

D - Alcohol?

P - Had a drink over the weekend because we had a barbecue, had a couple of friends around - and it's the done thing when you have a barbecue, so I had a couple of drinks.

D - Excess?

P - No, I wasn't drunk or anything, was I?

Gail - No.

D - Okay, and that's not making you behave ugly?

P - No.

D - No, okay. And, in terms of anger management, what sort of support have you had before?

P - I've done work with CPNs and that on it, I'm on doing CBT work now with my CPN.

D - Yeah. Were you hoping I could give you - because I've got some self-help advice that you could get for anger management, but I know that your CPN could potentially help you with that as well.

P - Alright.

D - So, let me know if you want some of that. Okay, let's do your weight now.

P - Right.

D - So, if you just slip your jacket off and stand on the scales. Just from my own observations from looking at you at the moment, you're engaging very well in the conversation, you're well dressed and look as if you're looking after yourself. And if you want to take yourself a seat. So, that's 64kg, so your weight's fairly steady at the moment. You've got—when things are particularly difficult, you look really on edge and agitated, relatively speaking, you're not too bad today.

P - I don't feel bad with, as far as anxiety goes, I don't feel too bad with my anxiety at the minute. Like, it's something that comes and goes, and obviously I'm - I wouldn't say I'm at the point of crisis at the minute, but I'm recognising before I am getting into a crisis.

D - Yeah.

P - So, I'd rather try to do something about it now.

D - That's always a better way of dealing with it, isn't it?

P - Aye.

D - Okay. So, with the point of view of where we go with your emotional responses to this and to your medication and everything - medication-wise, we've got some extra diazepam just to steady things down, and that is normally very effective for you.

P - Yeah.

D - I'm not going to change your mood stabilisers or your steadyers, because they seem to be working quite well and you seem to be happy with the aripiprazole. Potentially, if you're finding that agitation is persisting, we could increase your aripiprazole, that might have the desired effect. There's no rush to make that decision today - or is there?

P - I don't know.

D - Okay. Usually you and Gail come up with these plans quite well, you could maybe let me know if you like.

P - I'll see how I go in the next couple of days and then, like, I can always increase it myself if need be, can't I?

D - Yeah, you could do.

P - So...

D - And then you could let me know, and I'd supply you with more if needs be.

P - Right.

D - So, from the anger management point of view, do you want to get that stuff from the CPN, or do you want it from me, because I can print stuff off if you want?

P - I'll take some today if that's alright, gives me something to keep my head busy with reading through it and that.

D - Is there anything else we're missing?

P - I don't know.

D - So, I'll see you again if needs be, when things—if things are not starting to settle over the course of the next few weeks, yeah? Bear in mind that I'm away from next Friday for a fortnight.

P - Right.

D - So, you can see one of my colleagues. Who do you normally see if I'm not around?

P - I usually see Dr Halpin.

D - Okay, so if you need any help, we're there for you, or if you need to talk to someone on the phone, if needs be. But, get some advice and if you want to give me a call and let me know if you've changed your medication, we can do that on the phone, if you wanted to.

P - Right.

D - So, I'll print off that stuff related to self-help - for anger management, sorry. Really worthwhile, working through this together, I think. So, read this and then share it with your CPN when you see her next time. It's straight forward stuff that you can do, and then once you've had a go of it, if you find that it is particularly helpful, let me know what aspects of it were helpful; but, if you're not finding it helpful, we'll need to explore other options for you. But, it's usually quite useful stuff, alright? And you've got good motivation to manage that anger well, haven't you?

P - Aye.

D - So, I think there's every chance that you'll be successful with it. Alright, keep me posted, feel free to give me a call if you want to.

Gail - Has his diazepam gone through to Tim's?

D - So, it's gone straight through to Tim's.

P - All right, thanks.

D - Nice to see you.

P - Right.