

**XV. Counseling and emotional distress evidence:** Including medical records of depression and anxiety resulting from Defendant's assault and continuous harassment.

5-6...Severe pain TMJ and back Degenerative disk disease  
FIREARMS AVAILABILITY:

Other access: Would like some gun locks, provided 8 locks

MEDICATIONS: (select all that apply)

MITIGATING FACTORS:

Hopes and plans for future

Beliefs for continued living

Explicit reasons for living

Dependent others

Attitudes (e.g. Psychic Toughness)

Living with others

Regular contacts with supports

ESTIMATED RISK LEVEL:

Low/minimal evidence of imminent risk: Low risk, no history

SAFETY/CARE PLAN:

Admit for inpatient psychiatric care

Refer to ER for emergent psychiatric evaluation

Suicide Prevention Hotline card provided (1-800-273-8255)

Discussed availability of 911 and 24 hour Emergency Room (at VA or elsewhere)

ASSESSMENT:

PATIENT EDUCATION: The results of this assessment were discussed with the patient? Yes

Family participation in patient's care? No

Interdisciplinary Patient Education: (Educational needs/barriers assessed in regard to cultural/religious preferences, readiness to learn, emotional needs, hearing or vision problems, language, mental & physical issues, and reading skills) Sister possibly down the road.

NEEDS/BARRIERS TO LEARNING: none

DIAGNOSIS: (Based on criteria from DSM 5) Was threatened to be killed, helpless, anxious, feeling unsafe, always carrying gun for safety, sleeping with gun, avoiding talking about assault, unable to avoid reminder as legal case is pending and reminded, thought about leaving the state, flashbacks from assault, ie shoe leather hitting him, thinks about a lot, insomnia-can only sleep with ambien, hypervilance, feeling life might be cut off short-threat. Diagnosis: PTSD or Trauma Related d/o.

PLAN:

Trauma Recovery Program consult ordered.

- Is the veteran in need of intensive trauma focused therapy? Yes

- Is the veteran willing to engage in intensive trauma focused therapy?  
Yes

- Is the veteran able to attend weekly appointments? Yes

Veteran was given the Veteran's Crisis Line card and instructed to call

Vet. with a history of anxiety symptoms with alprazolam one mg bid for about 10 yrs, had been stable without a major MH issues until 2 years ago, when he was beaten up by 3 strangers who, reportedly, had a faked warrant, and he was arrested, served in the jail for one week, and was cleared and released. Per the pt, one of the three guys was a boyfriend of his ex-GF. Per the pt, since then, district attorney located them and put them at the court. The pt has had 6 court hearings so far. The case is still going on. At the court, the 3 defendants has threatened him. He has never been secured, has changed his home and business addresses.

Following the assault, he has been greatly stressed out, suffering from PTSD features including intrusive thoughts, concern about his mental and physical security, high level of anxiety with depressed mood, poor conc. and intermittent insomnia. He has downsized his IT/networking company with 24 employees to that with 3 employees because stresses related to the incident and court processes and PTSD features. Recently, he has tried to "recover my

business" as his PTSD features have been improved. Currently, his main PTSD

features include anxiety with irritability, concern/worry about his personal

and business security which are legally protected though. He keeps two assault rifles at home and a hand gun in his car for a possible situation in which he needs to protect himself. He locks and unloads his fire arms, and has an intact sense of reality and fully understand and practice safety issues related to possessing fire arms.

He has been taking Xanax one mg tid for longer than 10 years, tried lorazepam and clonazepam many years ago, taking Adderall IR 5 mg bid for nearly two years to improve his conc and depressed mood. zolpidem 10 mg qhs prn for sleep.

Discussed med. issue including the risk of dependence at length. Discontinued zolpidem and started trazodone 50 mg qhs prn, cont. xanax and adderall IR for now. At next visit, will taper xanax off and/or change to clonazepam or lorazepam. He is currently taking hydrocodone/acetamiphone prn for should pain.

PPx:

He has been on xanax for over 10 years for anxiety and stresses for business and relationship issues. The med has been prescribed by his PCP. He states that he has a strong tendency of "anxiety and uptight" and "high expectation".

Med trials: as above  
Hospitalizations: none  
Suicidality: none

SUBSTANCE USE HISTORY:

ID: Vet. is a 42 yo, d. m. is a US Marine corps, is 20% SCed for limited motion of the jaw, had a tour of Operation Desert Storm, is currently living with his nephew and sister. He runs his own company for IT/Internet service.

CC: "I am doing fine, doing fine as far as I take xanax."

HPI:

Vet. was assessed in one month. Since the last visit, his clinical condition has not been changed sig., has been stable clinically without prominent anxiety or mood symptoms with residual PTSD.

At the last visit, he refused to taper off alprazolam (He is currently taking adderall, alprazolam, benadryl for sleep, with hydrocodone for pain) and wanted to change psychiatrist. Discussed the case at the Tx team meeting at which all psychiatrist attended the meeting agreed with this writer's rationale and plan to taper off alprozolam and also agreed that they will do the same way (tapering off alprozolam) in the light of risk of addition of the med. Thus, a transfer to another psychiatrist in GMH was declined at the meeting.

Today, this writer explained the result of the team meeting. He was upset and requested the Choice program to see an outside psychiatrist who would continue alprazolam as it is ( one mg tid) and maintain other med for MH. He was

explained that his case is for the choice program. He was advised to discuss this issue with a patient advocate if he was not happy with this writer and did not agree with this writer's tx plan. He asked this writer to maintain his current med for one month, until he find another pychiatirst to whom his case is

to be transferred. Today, renewed alprazolam one mg tid for one month, and adderall IR 5 mg bid for one month. Cont. benadryl as it is. He was informed that at next visit in one month, this writer will began to taper off alprazolam,

which, per the pt, he has been on over longer than 10 years.

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From the initial assessment by this writer.

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#### SUBSTANCE USE HISTORY:

Alcohol use (past and current)? occasional drinker.  
Use of illicit drugs (past and current)? No  
Abuse of prescription drugs (past and current)? No  
For any substance use reported:  
Nicotine Use: 1/2 PPD for 3 yrs

PMH:

Code	Description
454.9	Varicose veins of lower extremity (ICD-9-CM 454.9)
920.	Contusion of face (ICD-9-CM 920.)
682.9	Abscess (ICD-9-CM 682.9)
456.4	Varicocele (ICD-9-CM 456.4)
M48.06	Spinal stenosis of lumbar region (SCT 18347007)
724.2	Chronic Low Back Pain (ICD-9-CM 724.2)
300.00	Anxiety (ICD-9-CM 300.00)
524.60	Temporomandibular joint disorders (ICD-9-CM 524.60)

Spoke with veteran regarding his need for mental health services. Veteran was assaulted earlier in February and sustained injuries as a result. Since then, he has been feeling extremely anxious and cannot sleep. Veteran stated his doctor prescribed Xanax for him for anxiety. Reports difficult time sleeping, says dr. Priddy gave him Ambien - but he has not received it yet, not sure if it was a mistake in the system. Wants to contact Dr. Priddy to ask him if there is anything he can do.

Mood - has been taking more Xanax than prescribed, taking two 1 mg pills at a time, "I'm anxious, I carry a gun all the time". Veteran stated that the men who assaulted him threatened to kill him if he went to the police. Veteran did go to the police and there is an ongoing investigation.

Sleep - trouble falling asleep, cannot stay asleep. Hours of sleep vary per night, getting 3 to 4 hours of sleep a day.

SI - no

HI - no

Alcohol - has not been drinking lately.

Drugs - no

Caffeine - no

Reported a history of anxiety going back ten years, treated with Xanax the whole time, says it works for him. Last saw mental health in 2006.

Diganosis

Anxiety state NOS

Plan

1. Veteran with history of anxiety and current trauma causing increase in anxiety. Consult MHAT for medication evaluation and tx of anxiety disorder. Will likely need longer term MH services.

/es/ Nadya C. Hollahan, PHD  
CLINICAL PSYCHOLOGIST  
Signed: 03/03/2014 16:12

Receipt Acknowledged By:  
03/03/2014 16:20 /es/ BRADFORD PRIDY MD  
STAFF PHYSICIAN

Date/Time: 03 Mar 2014 @ 0856

Note Title: PC MH INTEGRATION TELEPHONE NOTE

Location: Atlanta GA VAMC

Signed By: HOLLAHAN,NADYA C