

### **Practice Vignette: Randy**

Randy is a single, 35-year-old male with a tenth grade education. Randy has diabetes that currently he is managing poorly, resulting in multiple ER visits and other medical interventions, which have proven ineffective in consistently controlling the illness. He has worked for short periods of time in the food service industry and as a laborer, but he currently is not working. When asked why he is not working he reports that he “could not keep up,” and he left before they fired him. Randy carries the diagnosis of Schizophrenia, and Borderline Intellectual Functioning. He was able to graduate from a supervised group living environment to a supervised apartment two years ago, after a long struggle with poor medication and treatment adherence.

Randy has not had a relationship with his parents or siblings since his twenties. When he did have a relationship with them, it was sexually abusive and neglectful. Randy excessively seeks advice from others to make decisions and is easily manipulated due to his fear of being rejected. Randy struggles with acknowledging his self-worth.

Until about six months ago, when he became reacquainted with a man from his past, Tim, Randy was doing well in the supervised apartment and participated in a local clubhouse. Tim had previously exploited Randy by prostituting him for money. Tim’s recent presence in Randy’s life has been connected with stress and disruption to Randy’s treatment adherence, his social functioning in and out of the clubhouse and his residential stability. Randy has become increasingly evasive with treatment staff and has not taken his medication as prescribed. He has withdrawn from friends in the clubhouse and residential settings, arguing with them when they express concern about the presence of Tim in Randy’s life. Staff who supervise his living situation have found Tim and other, unknown men in Randy’s room after curfew. Two weeks ago, it was discovered that Randy was caught selling his psychotropic medication on the street, and it was suspected that he was giving the proceeds of this activity to Tim.

Randy quit his volunteer position in the NAMI support group where he assisted with the design of design pamphlets and flyers for the organization. This was something that he enjoys thoroughly and wants to do more of if the opportunity presents itself. NAMI members have previously taken an interest in Randy, but his withdrawal from this group has impacted his access to these helpful people.

Randy has been spending his time in his room with the blinds closed. His case manager found many sugary, inappropriate foods in Randy’s room. Randy’s apartment was a mess, food was left out, and dirty clothes were strewn all over the floor. These problems, in combination with curfew and visitor violations, may result in expulsion from the current residential placement. When confronted about his poor self-care, Randy became argumentative and destructive to his property, breaking a window and some furniture, prompting police involvement.

Presently, Randy is less and less verbal, withdrawing into a tense silence. His motivation for treatment is extremely low, and attempts to engage him result in long arguments during which he paces and throws objects at the walls and floors. Twice in the last week Randy has attempted to re-enter his secured building after having been out all night. He appears to be increasingly disoriented and belligerent, wearing dirty clothes and no shoes.