Adolescent Psychiatry Case Presentation

Factors regarding Adverse Childhood Experiences (ACEs)

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Case Background—Tomanda

Derrick is a 16-year-old bi-racial male, with a past psychiatric history of autism spectrum disorder, bipolar 1 disorder mixed type, and attention deficit hyperactivity disorder, mixed type. He currently lives with his father in the Orange County area. He has moved from his mother’s home due to increased agitation (i.e., Derrick hitting walls, throwing chairs, and yelling at mom). His mother felt that Derrick would benefit from having a male influence in his life. Since moving into his father’s home, Derrick’s behavior has increased to worsening aggression (i.e., he hits himself in the head, is disruptive in school, exhibits encopresis, and gets into verbal and physical altercations with his father). The only family member who can successfully calm Derrick down is his paternal grandmother (who lives 2 miles away from Derrick and his father). Of note, Derrick’s father is a 48-year-old divorced white male with a past psychiatric history of alcohol use disorder. Derrick’s father has a substance abuse history (opiates and alcohol) and refuses to see a substance abuse counselor or psychiatrist for treatment. Several years prior, Derrick’s father had a work-related injury from his job as a construction worker. He is currently on disability, and is now looking for a doctor to prescribe him opiate medications. He was fired by his previous provider due to misuse of medications as well as testing positive for heroin when he ran out of his opiate medications. Derrick’s father has also complained of depressive-like symptoms, but prefers receiving medications (i.e., SSRIs) from his primary care doctor.

Key ACEs: substance misuse within household, household mental illness, parental separation or divorce
Scenario #1: Derrick becomes agitated during his primary care visit; police have to be called—Dr. Chavez-Carey

Derrick is coming to the clinic with his father for a well-child check. Derrick is upset because he wanted to play video games in his house, and his father made him go to the appointment. Derrick’s father snaps at his son in the waiting room to keep his “mouth shut and behave.” This is witnessed by the receptionist, nurse, and other patients. The doctor hears a commotion in the waiting room, and sees Derrick throwing chairs in the waiting room and screaming that he wants to go home. The receptionist has called 9-1-1 and police come to the waiting room and physically restrain Derrick. Because his father states, “he’s ill,” they send him to the emergency room at ORMC to await evaluation from a psychiatrist.

Key ACEs: emotional abuse, emotional neglect
Scenario #2: Derrick goes to the ER and requires intramuscular medications—Dr. Vohra

Derrick is brought to the emergency room by police; his father is able to join a few minutes afterwards via his own vehicle. Due to Derrick being a minor, he is brought to the pediatric wing of the emergency room rather than the Access Center. When he is asked to change to scrubs, Derrick becomes more aggressive and agitated. Once he sees his father come into the room, he yells “this is your fault! I wish I was dead!” Derrick then takes a swing at his father, and is not able to be verbally de-escalated by staff. His father gives permission to staff to give medications over objection to maintain Derrick’s safety and staff safety, as well as to manage his agitation. Derrick goes to sleep for 3 hours, during which time the emergency room psychiatrist and social worker obtain information from Derrick’s father. After Derrick wakes up, he is seen by the psychiatrist and social worker from the emergency room. He states “I don’t want to go back to my dad's place. I’ll kill myself if I do.” Derrick threatens to cut his wrists and/or hang himself. Because of his suicidal thoughts, Derrick is recommended for transfer to the adolescent inpatient unit for further management of his symptoms. Derrick’s father gives consent for transfer to a specialized inpatient unit focusing on autism spectrum disorders.

Key ACEs: not for this portion
Scenario #3: Derrick goes to the inpatient unit—Beth Sciortino, Dr. Arrington

Derrick is transferred to the adolescent inpatient unit, where he is assessed by the full treatment team: psychiatrist, nurse, social worker, and neuropsychologist. After initial evaluation, Derrick’s diagnoses of bipolar 1 disorder and attention deficit hyperactivity disorder, mixed type, are confirmed. Additional neurocognitive testing from the neuropsychologist confirms the diagnosis of autism spectrum disorder. Due to presentation on assessment as well as collateral information provided by Derrick’s family, Derrick is started on a trial of Ritalin 5 mg daily and Depakote 200 mg twice daily. He is observed in individualized and group settings over the course of 7 days. His family is made aware of progress and/or setbacks. In the course of the 7 days, Derrick’s encopresis subsides, and he is more receptive to verbal de-escalation. After a final family session, it is recommended that Derrick continue treatment for medication management as well as therapy in the outpatient setting. Derrick’s father expresses reluctance to take Derrick back to his home as he feels that Derrick’s behavior is attributed to Derrick being “spoiled” by his mother in the past. The mother is not currently able to take Derrick because after sending Derrick to his father, she was evicted from her home and is homeless. Father exhibits frustration and argues with treatment team regarding disposition.

Key ACEs: emotional neglect, parental separation
Scenario #4: Derrick sees the outpatient psychiatrist for an initial evaluation—Dr. Sullivan

Derrick and his father were interviewed at the clinic. When asked about his history, Derrick's father expressed frustration, adding “we already went over this with the ER doc and the other doctor in the hospital. Why are you asking the same questions over again?” Derrick's father was noted to be restless and “snappy” at the attending. Derrick was also noted to be jumpy when his father snapped at either him or the psychiatrist interviewing him. After obtaining additional collateral information, the doctor asked the father if she could speak to Derrick one-on-one. Derrick was able to separate from his father to give some information regarding his experience in his home environment. Derrick expressed his frustration with living with his father, “he’s always yelling at me, and I get sick of it.” Derrick admitted that he does “poop” his pants during the day, but that he always does it at home. He was not able to explain his reasons as to why he continued to perform this behavior. When asked about the disruptions in the classroom, Derrick stated, “I called Tony stupid because what he was saying was stupid.” Derrick also stated that he was “bored in class” because he already knew how to do some of the work. Derrick admitted to having nightmares about his father which also keep him up at night, but refused to discuss what happens in his nightmares. He stated that he has a difficult time sleeping because he knows he will have a nightmare. Derrick also stated that sometimes he “gets mad one minute and sad the next” without a known trigger. Derrick admitted that, prior to admission to the inpatient unit, he had thoughts about wanting to cut his wrists to “feel something”; and he also admitted to stating to his father that he would “hang” himself. He denied wanting to kill other people, although stated that “dad gets me so mad that I want to punch him in the throat.” Derrick denied hearing voices that no one else could hear or seeing things no one else could see. Derrick stated that he wanted to live with his mother again, and that he was frustrated that he was no longer allowed to do so.

The child psychiatrist was able to obtain collateral from the patient’s paternal grandmother. The grandmother reported that she has interacted more with her grandson since his move back to the Orange County area and after his mother relinquished guardianship to his father (the grandmother’s biological son). Derrick’s mother was also noted to have a history of drug abuse. Regarding, Derrick: “He has had 5 in-school suspensions and 2 full school suspensions in the past year since moving back in with his father.” In addition to increased disruption in the home environment, Derrick has stopped wanting to do fun things with his grandmother (i.e. fishing, going to the park). The grandmother did express concern that Derrick and his father tend to “argue a lot” and that the father “gets frustrated easily” with Derrick. When asked if there was a safety concern regarding Derrick being in the house with his father, the grandmother paused and stated “I don’t know.”

PPHx:
Inpatient: one hospitalization
Outpatient: started seeing a child psychiatrist at the age of 6, and then stopped for 1 year due to moving to Orange County. Additionally, Derrick not wanting to see another doctor at that time.
Medications (past): Ritalin 5 mg daily and Depakote 200 mg BID
Medications (current): none
SA: history of admitting suicidal ideation with a plan; denies any suicide attempts or self-injurious behaviors

PMH: no known history

ALL: seasonal allergies; develops anaphylaxis with PCN
FHx:
Father: Alcohol use disorder, opioid use disorder
Mother: polysubstance use disorder (cocaine, alcohol, marijuana), major depressive disorder
M. Grandfather: alcohol use disorder, unspecified psychosis
M. Grandmother: unknown
P. Grandmother: generalized anxiety disorder
(biological) P. Grandfather: nicotine use disorder, Bipolar 1 disorder (mixed)

Social Hx:
Born: without complications, mother denied using substances during pregnancy
Development: speech delays, delays with walking; requiring occupational therapist
Education: currently a sophomore in high school (special education, IEP)
Living: resides with his father (mother resides in another state), close involvement with paternal grandmother (lives 2 miles away from Derrick’s father)
Trauma: emotional abuse per Derrick (question of physical abuse to be considered due to nightmares);
Derrick denies any history of sexual abuse
Alcohol: denies use
Illicit Drugs: denies use
Access to weapons: none reported by Derrick, his father, or his grandmother
Legal history (arrests, open cases): none reported by Derrick or his father

Review of Systems:
Sleep: poor, 5 hours total (broken up), has nightmares
Appetite: decreased
Weight changes: decreased
Concentration: worsening
Energy: Increased
Anhedonia: increased
Somatic symptoms: encopresis
Anxiety/Panic: denies
Guilt/Hopeless: Derrick stated that he feels he will never be able to move back to his mother’s home

Mental status evaluation:
Appearance: disheveled, dirty clothes, rumpled hair, slightly malodorous
Gait: balanced and steady
Posture: slumps
Eye contact: intermittent
Behavior: guarded but cooperative with interviewer, jumpy when father becomes agitated in the room. No muscle rigidity, or tremors noted
Thought process: logical and linear
Thought content: appropriate to the conversation; denies suicidal/homicidal ideations, auditory/visual hallucinations, and delusions
Cognition: oriented to person, place, and time
Memory: short term and long term memory intact, completes repetition and recall appropriately
Attention: able to spell WORLD backwards (refused to do serial 7s)
Insight: blames others for his situation
Judgment: mild limitation
Key ACEs: emotional neglect, emotional abuse, possible physical abuse, parental separation or divorce, substance misuse within the household, mental illness within the household