Case 1: Spacey Steve

Current functioning:
Steve is a pleasant sophomore who has IEP in place for specific learning disorder in reading comprehension and speech/language who no longer likes to go to school. He has always worked hard, generally has had a great attitude, but really struggles keeping attention. Needs support getting homework done and gets really frustrated. Both his sisters dx with ADHD and benefitted from stimulant medication. Over the past 2 months he has missed school frequently for stomach aches.

Steve lives with his 2 parents. Father has alcoholism and there have been some real struggles including domestic violence and jail time. Father now "very ill and just sits in his room". Steve feels very supported by mother and father is a "non-issue".

Conner's with high T-scores for LD/executive functioning. Slightly elevated impulsivity. Average for defiance/aggression. Steve reported firesetting on Conners', but in questioning he doesn't set fires, but likes fires-a comprehension issue. Some concern for anxiety/depression.

Steve doesn't smoke, drink alcohol or use any drugs. He has a good group of friends who all are good students except for him. Steve works very hard and is incredibly frustrated and getting pretty down. Motivation still pretty good, but fading.

Previous treatment:
No medication or therapy

Previous testing:
School report not available, but in IEP notes of weaknesses in working memory and vocabulary comprehension. Difficulty following directions, but not oppositional. Some visual-perceptual difficulties. Reeval scheduled for 1/11.

Previous school history:
K-8 local elementary school, coded

Past medical history:
Generally healthy
Adenoids out
Mild asthma that rarely bothers him except with colds
Congenital nevus on buttocks

Developmental history:
All on target

Allergies:
ADR/ALLERGIES: No Known Allergies Last Charted on: 11/10/2010

Medications:

AMBULATORY MEDICATIONS: Last charted on: 11/10/2010

DRUG	DOSE/ROUTE	FREQUENCY
spacer for inhaler (Equipment)		
Albuterol Sulfate 90 mcg/Actuation HFA Aerosol Inhaler	**2 Puffs / Inhalation**	**Q4-6H prn 15mins before exercise**

FAMILY HISTORY

Pertinent positive family history:

Mom hx of depression, chronic pain

Older sisters with depression and ADHD

Dad hx of depression and alcoholism, now possible dx of Parkinson's

MGM hx of breast cancer

PGM hx of colon cancer

Otherwise Negative

SOCIAL HISTORY/HABITS

Household: Mom, sister 20 and sister 9. Parents divorced, but father living back at home

Mother working: Housekeeping local resort

Father working: disabled

Daycare/School: Fall 2010, 10th grader at local high school

Smoke exposure: mom smokes

Steve: Assessment and Treatment Plan

Assessment: Pleasant, 15 yo sophomore who is struggling academically with very significant issues with attention in addition to his identified LD in reading comprehension and Speech/Language. +FH ADHD with successful treatment. Supportive mom, but family has been through alot. Some anxiety and battered self-esteem. Mild asthma and currently with URI.

Dx: ADHD Inattentive-moderate/severe

GAF: 55

Recommendations:

- Stimulant medication trial likely *very* helpful and relatively low risk of harm
- Medications don't do everything, but can be useful
  - Although medications optimally will be helpful, they do not agree with everyone and please discuss any side effects
  - Discussed the interactions of stimulants with drugs of abuse, other prescriptions.
  - Discussed controlled nature of stimulants
  - If missing medications, we need police report
  - Discussed information on sudden death and Canadian decision
  - Discussed relationship of ADHD and substance abuse
  - Reminded to call if any problems arise
- Adderall XR 10mg qam for few days and then titrate up every few days by 10mg/day to 30mg monitoring both positives and negatives
- Continue with IEP, but this will need to be reevaluated once on medications. Due for triennial review 1/11
- Commended Steve's and his mom's efforts and that Steve is a really nice kid
- No indication for counseling at this point, but Steve will continue to need support and encouragement.
  - This might be good idea down the line
- URI care
- Offered flu shot, but Steve declined at this point.

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f/u by phone any problems, office in 2-3 weeks

Case 2: Anxious Annie

Reason for consultation: March 2010
School failure and emotional distress. Trial of SSRI not helpful and had seizure on buproprion, which was helpful.

Current functioning:
Annie is doing terribly in her freshman year at PRHS. Her current grades are:

English 9	58	"did not pass in major project"
Spanish 1	86	"positive attitude"
Algebra I	41	"assigned work incomplete"
Biology	53	"Assigned work incomplete"
Earth Science	46	"Does not do homework regularly, did not pass in a major project"
9th grade seminar	F	
Foods and nutrition	76	"inconsistent effort"
PE	88	

Mom reported that in May/June 2009 she discovered that Annie was cutting herself. She saw Wilma and after a few appointments was begun on fluoxetine for depression. She also began counseling with Tina Runyan, Ph.D. at Mid-State. Mom reports that Annie has always been anxious and often gets stomach aches and sore throats. She misses a lot of school beginning in elementary school and continuing into high school. She also doesn't follow through on homework and projects. She often fights her mom when Mom tries to encourage her to do so.

When the fluoxetine didn't work, Wilma (with my input) transitioned her to buproprion. Annie reports that this was helpful and that she felt "better". I can't tell if she focused better or was less anxious as these are pretty blurry distinctions for Annie. Unfortunately on Oct 19th she had a generalized tonic/clonic seizure that was observed by school staff with whom Wilma then spoke with to confirm. She has been off medications subsequently except for some occasional alprazolam. She did see a neurologist, Doug Hyder at DHMC on 12/18. No concerning features on her EEG. He had her complete a Vanderbilt which was suggestive of inattention. He also noted a "permissive parenting leading to poor school performance and poor sleep hygiene".

School reports (without teacher name) describe that her cognitive functioning "appears typical and within expectations". She has never had formal psychoeducational testing. There is little suspicion for a learning problem and the thought is that her anxiety and feelings of being overwhelmed appear to be contributing to her lower than expected academic functioning. Report that "Annie appears to maintain friends. However, anxiety is often a barrier to initiating new activities and classes. Also noted was that Annie tends to have difficulty seeking help academically." She gets overwhelmed, anxious and then becomes defiant and avoidant.

Conners TRF and PRF were completed. Ms. Bartlett's report documents significant problems with inattention, completing tasks, avoiding tasks requiring sustained mental effort, arguing with adults,

somatic symptoms, loses temper, needing close supervision to get through assignments, excitable/impulsive, difficulty organizing, irritable, fails to finish things, defies requests, lots of fears, interrupts or intrudes on others, touchy or easily annoyed, shy, withdrawn, blames others for her mistakes, fidgeting, messy or disorganized, gets upset if someone rearranges her things, disturbs other children, easily frustrated, only attends if something very interested in, spiteful or vindictive, loses things, feels inferior, seems tired, spelling is poor, mood changes quickly and drastically, easily frustrated, easily distracted.

I asked specifically about Annie's experiences with teachers. She was very specific she "hated" Ms. B. I know this teacher and she is very organized, clear, caring, but holds students accountable. On further questioning, she did get to the point where she said, "Well, she is nice, but I just don't understand her teaching".

Previous treatment:
Thereapy with Tina Runyan and the Tonya Warren after she left
Medication trial with SSRI and then buproprion

Previous school history:
K-8 at local elementary school
Never coded, never tested
Chronic school avoidance from elementary grades on
Freshman at Local High School

Past medical history:
Uncomplicated PLD born at term
Nicotine exposure in utero
Generally healthy

Developmental history:
normal milestones

Infant Temperament:
difficult to get to sleep, irregular schedule, fussy, difficult to keep busy, always in motion, stubborn and challenging.

Allergies:
ADR/ALLERGIES: Last charted on: 03/09/2010

ADR/ALLERGY	REACTION	SEVERITY
Bactrim		

Medications:
AMBULATORY MEDICATIONS: Last charted on: 03/09/2010

DRUG	DOSE/ROUTE	FREQUENCY
YAZ 28 3-20 mg-mcg Tablet	1 Tablet(s) / Oral	Once daily

FAMILY HISTORY

AAP Initial health Questionaire Reviewed

Pertinent positive family history:

Mother had gestational diabetes and High blood bressure
Macular degeneration: maternal Great uncles and Aunts
Diabetes, adult onset: MGM
high blood pressure: MGM, PGM, MGF
Arthritis: MGM
high cholesterol: MGF
Uremia: MGF, Maternal great uncles
Heart failure: MGF
Colon Ca: MGGM
Hiatal hernia, GERD: MGM
Anxiety: mother

Mom with anxiety
No diagnosed bipolar
Both sisters with depression/anxiety.
Paternal great, great grandfather suicided
No significant substance abuse other than tobacco
Otherwise Negative

SOCIAL HISTORY/HABITS

Household members: Mom and Dad. Two older sisters out of the house
Mother working: Local eatery
Father working: Local printer
School: 9TH Grade Local high school
Smoke exposure: Mom and Dad Smoke

Annie: Assessment and Initial Plan 3/2010

Assessment:
Sensitive and finicky 14 yo freshman who is severely academically underperforming with long-standing school avoidance. The etiology of this is likely multifactorial and related to generalized anxiety but also likely the result of repeated negative experiences with school. Multiple reports of inattentiveness, oppositionality and emotional lability/anxiety. She reported no benefit from previous trial of SSRI, but did benefit from buproprion, but unfortunately had seizure with this agent.

Annie is currently doing VERY poorly in school and in significant conflict with mother. She has a close relationship with her cousin who is honor student. No clear learning disabilities suspected in interview or by school. Mixed reports from school about attention, however she tells me she "didn't understand how Ms. B teaches" and multiple teachers report very significant problems with attention, ability to follow through with assignments and irritability/oppositionality, which raises my concern for some LD or more likely underlying difficulty with attention. Her cognitive structure seems based on "the best defense is a good offense" to cover up for a very fragile sense of self-esteem and vulnerability. She seems to try to protect her fragile sense of self by pushing the blame to others via creating very negative perceptions of those individuals, including her mother, who challenge her to face her anxieties or hold her accountable for producing work she either isn't capable of doing or just refuses to do.
Dx:
- Generalized anxiety disorder
- Conditioned response with school and school work
- r/o occult LD or ADHD
- Parent-child conflict
- Poor sleep quality

Recommendations:
- Reflected back my observations that Annie essentially has a conditioned response where she has associated school with the negative, anxious, uncomfortable feeling she gets. At this point, she essentially is allergic to school and school work
- Overcoming this "allergy" is complex, but important and involves both doing the work she needs to do, but also getting the help with anxiety, focus and school work she needs to be successful
- I would value the input from Tonya Warren which was not available to me today
- Relationship with mother is challenging as it often is at this age when things aren't going well. However some ongoing family-oriented work likely to be helpful to improve this important relationship and help Mom more effectively set limits.
- Bottom line, Annie needs to go to school, pay attention and do her projects. She likely will need support in doing this from the school and her family. I am unclear how capable she really is as her avoidance mechanisms are so well developed-somatic symptoms, panic attacks, cutting, oppositionality, avoidance-she has the full package to avoid school
- As sleep is very problematic, addressing this first very reasonable

- Trial of hydroxyzine 12.5-25mg @9pm likely to help relax, sleep well and be more refreshed the next day
- If not sufficient to improve her anxiety, a trial of Effexor, a combined SSRI/SNRI, would be reasonable as the SSRI wasn't helpful and she had the seizure with buproprion. This potentially could be helpful for focus
- Atomoxetine also is an attractive agent for both focus and anxiety
- I am also not ruling out the possibility of a stimulant trial to help with focus as this might be a significant underlying factor, there are very clear concerns about inability to focus, sustain mental effort, complete projects and difficulty organizing tasks, and the results of a trial can be instant.
- Strongly encouraged engaging in a counseling relationship. She is terminating with Tonya Warren and has an appointment for intake with Dorinda Washer on May 16. I am concerned with this delay given the acuity of her difficulties.
- If not getting traction with a coordinated effort, psychological testing including a BRIEF and a WISC might be illustrative.

70 min FTF, 40 min developing plan and discussing options

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So what happened with Annie?

- **Involved with the Center for Adolescent Health**
- **Never took the Effexor**
- **Case manager worked with school and parents and attendance improved**
- **Once attending school was no longer an issue, headaches and abdominal pain resolved**
- **Dropped out of counseling as she didn't find it helpful**
- **Mom initially pushed back against home-based family intervention-issue emerged that mom was a hoarder**
- **Once this identified, home-based family treatment did take place**
- **She began attending school regularly, but grades continued poor freshman year, but somewhat improved sophomore year**

f/u 3/11

Annie is a 15 years female with school avoidance related to generalized anxiety with poor school performance in her English class (F's). Making B/C's in other classes. She's missed 8 days of school in the last month and states school as the exacerbating factor in her anxiety. Specifically, she feels she's being judged by people at school and does not like confrontation. Her counselor made her confront the English teacher regarding her poor performance which was very stressful for her. She's not anxious around her friends at school, during particular periods (lunch time), or at home.

She's not terribly distractible and has no difficulty reading subjects that interest her.

She still has occasional belly pain/HAs.
She's trialed Prozac, which didn't help and was afraid to try Effexor due to her fear of recurring seizure (had seizure on Wellbutrin).

Assessment and plan:

- **More mature**
- **Understands how anxiety causing her difficulties and willing to own this symptom**
- **Trial citalopram**
- **Refuses individual therapy**
- **We'll see**

Case 3: The Situation

Assessment: Jan 2010
Pleasant and athletic 16 yo HS junior with chronically irritable mood and intermittent explosive behaviors. He is dealing with a lot including bullying at school relative to his bisexuality and past sexual abuse. Supportive nuclear family with mother and stepfather. Athletic and involved in football. Family history with depression, boarderline personality disorder and bipolar I disorder deserves respect. No obvious learning issues, but had IEP in elementary school. Acne bothersome. He feels supported by family and treatment team. Poor relationship with local HS.

Previous experience with methylphenidate was negative with worsening of mood and atomoxetine also was negative. He found risperidone helpful in past for calming mood and helping with sleep.

Dx: Adjustment disorder with depressed mood
R/o depression, r/o bipolar disorder, r/o PTSD

Recommendations:
- Commended him and his mother for surviving what they have been through.
- Discussed sexual orientation and acceptance
- Psychoeducational testing clearly indicated to better understand his strengths and liabilities. At minimum I would want a WISC
- Continue individual counseling with (private psychologist) and family work with Eric Snogren as both seem helpful and well accepted
- Continued advocacy and support from Erica Folsom at CAH
- Discussed mood and explosiveness and possibility of either unipolar or bipolar depression being an issue. I highlighted the risk of activation with SSRI which is a class of medications mother has found helpful. Options to consider include buproprion, risperidone and potentially guanfacine
    - Elected to begin Buproprion SR beginning at 150mg QAMX 1 week, then increasing to BID
        - Reviewed that antidepressants can help, but also can cause problems
        - Medical hazards of the buproprion are low compared to the risks of an atypical, so if successful, this is a good long-term agent.
        - Predicted 70% odds to be helpful, 10% to make things worse
        - Discussed seizures and suicidality issues and the need for monitoring
        - Antidepressants need to be taken every day
        - Do not stop medication without letting us know
        - Beneficial effect may take a few weeks whereas side effects may be worse in beginning and fade
- Close f/u-call if any problems.
- If not working after a month, reasonable to retry risperidone as this was successful in the past
- Request records from Genesis and testing by Dr. Scalese
- Encouraged him to plan his application for New Hampton which sounds like a solid option, but he needs to get his act together PRIOR to applying.
    - demonstrate that he is capable of doing work regardless of mood/negative feelings about NRHS
    - demonstrate he can manage his behavior and that he won't be a problem at New Hampton
    - highlight athletic abilities

2/16/10: Case manager/school meeting
The psychologist reports that James appears to have a delay in verbal learning, however she reports she is not yet comfortable stating this delay until she receives a proper diagnosis from either Dr. Hedberg, MidState, or from his stay at Midway.

3/5/2010: f/u visit. Never really took the buproprion. His psycho-educational evaluation done by school psychologist. She reviewed records, performed the WAIS-III and the WIAT-II, the ASEBA Youth Self Report and the BASC-2 teachers forms. Notable findings are a verbal IQ of 99 and a performance IQ of **77** with lots of scatter. There was little variation across the subtests of the verbal scale, but the performance subtests had lots of scatter consistent with an educationally important NVLD:

- Picture completion 4
- Digit-symbol coding 5
- Block design 9
- Matrix reasoning 6
- picture arrangement 8
- symbol search 10

As would be expected, his WIAT-II scores showed average ability in the language and reading areas, but weaknesses in math-related domains.

3/29/10:
Interval history:
"S" is seen today for f/u medical hospitalization from 3/26-3/27 after ingestion of 1.2g Wellbutrin XL, 50mg hydroxyzine after filling tub with plans to electrocute self with hairdryer until stepfather broke door down to interrupt plans. He was discharged from SMH after hospitalization was deemed unnecessary by the emergency services team and NHH. James was very clear he wanted to die on 3/26, but not now currently.

However, in the office today, he would not provide any clear commitment to being safe if he had to go home with his parents. He also did not think he would be safe even driving to LRGH with his mom or stepfather. "I just don't like them". Mr. Snogren helped James through some different ways of looking at things, however unclear how much James took in. Mr. Snogren also discussed Mt. Prospect and his experience with this program.

He is not sleeping well. He is out of school because of threats to harm others. At home he is irritable and at times verbally abusive. Last outburst thursday 3/26, but only home from hospital for under 48 hours

3/30-4/2: Hospitalized at NHH
Begun on olanzapine 2.5mg for irritability
Adderall for focus

4/28/10
Assessment:
17 yo with NVLD/adjustment disorder 3 weeks after discharge from NHH after suicide attempt with overdose of buproprion and filling tub with water and preparing to put in hair dryer to electrocute himself. At the hospital, he did very well with no behavioral or obvious mood problems. Testing confirmed significant

learning disabilities. Familysystems issue began to become more apparent at discharge. Currently doing very well now at MPA. Familystrength FSP involved and Mom is uncomfortable with their involvement, however this is critical therapeutic element.

Clinical status: Good, but fragile GAF: 65
Patient goals:

5/25/10
Assessment:
17 yo with NVLD/adjustment disorder 7 weeks after discharge from NHH after suicide attempt with overdose of buproprion and filling tub with water and preparing to put in hair dryer to electrocute himself. Testing confirmed significant learning disabilities. Familysystems issue began to become more apparent at discharge and Familystrength FSP was involved briefly

Currently doing very well. MPA is a great fit and James is feeling successful, valued and respected. Mood good. Focus could be better, but felt lousy with the Adderall. He is excited that he will be able to play football for NRHS in the fall. His report of family functioning is good, but parents not available.
Clinical status: Remarkably well GAF: 80
Patient goals:

10/1/10
Assessment:
17 yo Mt Prospect/NRHS senior with NVLD/adjustment disorder. Hosptalized this past March at NHH after suicide attempt with overdose of buproprion and filling tub with water and preparing to put in hair dryer to electrocute himself. Testing confirmed significant learning disabilities. Familysystems issue began to become more apparent at discharge and Familystrength FSP was involved briefly after discharge.

James continues to do very well. MPA going well, but not terribly challenging. Playing football for NRHS. No concerns at home or school.
Clinical status: Well GAF: 80
Patient goals:
Continue to feel and do well
Able to do PG year at New Hampton
Parent goals:
Similar