

**Jay**

16 yo male

Mother brought Jay to assessment.. No current SOC, but mom considering.

Hx of OP x 6 mo, prior to first IP stay. Inpatient treatment in Juvenile sexual offender program in 2008. OP therapy 2009 to present, saw her 2 days ago, after recent IP 3/2010 to 5/2010.

Current Medications: celexa, melatonin

**CURRENT CLINICAL INFORMATION** Pt took 6 celexa, atenelol, and levison on 5/21 in a suicide attempt about 9:30 pm. He is delusional and has been cutting on self Thursday and Friday. He believes there is a snake crawling inside his arm. During the assessment he was pushing on his arm and said he could feel it and see the head. He brought a caterpillar to mom yesterday and said it came out of his arm. He was taken to ER and medically cleared. Recent shoplifting spree ( caught and made to give items back) and running away. He had blood all over his hands during the assessment from picking at his cuts and his skin. He saw his outpt therapist Wednesday but did not tell her of the cuts, mom appeared unaware as well. No aggression/ tantrums reported. Believes there is a snake crawling under his skin. During the assessment he was pushing on his arm and said he could feel it and see the head. Denies SA/ use. Has migraines. C/o poor sleep, no eating problems. Poor hygiene, has to be reminded often. Mother is agreeable to family therapy. No known barriers to her participation in FT. has hx of neglect, sexual and physical abuse. Family recently lost primary source of income due to pt. child's SAO hx is known in town. pt is home schooled. Few friends. Very defiant to adult requests. Plan is for Jay to return to XX for outpt, recommend SOC

## **Casey**

6 yo male:

Meds: Clonidine 0.10mg mood stabilizer

Historical:

In May 2007 at 28 months old, Casey was taken into DHS custody due to neglect, physical abuse, and emotional abuse by bio-mom. It was reported he had grab marks on his arms and abrasions, bruises, and scabs on lower back and buttocks. There was lack of supervision by the mom and educational needs were not being met. Was in custody until August 2008 when reunified with mom. Casey was again taken into DHS custody in February 2009 after reunification failed due to neglect by bio-mother. Bio-mom has been diagnosed with bi-polar d/o and schizophrenia. Mom uses both illegal substances and alcohol. Casey has a sister who is 2 years older. Casey has been in 8 different placements in the last 2 years. Pt was inpatient from 10/06/09 to 12/15/09 for extreme anger and aggression outbursts. Over the last 6 weeks Casey has been throwing 15 min to 60 min temper tantrums multiple times per day. While inpt, the tantrums have decreased in intensity and frequency and currently happen 3 to 5 times per week. When escalated he has violent anger rages where he is verbally and physically aggressive (cursing, threats) and uncontrollable. Anger outbursts include hitting, kicking, biting, and throwing items. He would also refuse to follow directions, rolls on floor, and flail around. Casey fights sleeps even when tired. He reports having nightmares while asleep and does not like going to sleep. Pt seems to suck his thumb to self-sooth. He does not accept limits, demonstrates trauma symptoms, angers quickly, and is slow to de-escalate. Many of his tantrums seem to be triggered when he does not accept no for an answer, something is taken away from him; he becomes jealous of other children when they have something he does not have, or he wants or he does not get his own way. Appears to be average IQ. No medical issues.

**Andi**

10 yo female:

CURRENT MEDS/Dosage: clonidine 0.1 mg BID DDAVP, 0.2 mg hs, benedryl 50 mg, 2 caps hs, ritalin 5 mg. daily Concerta, 27 mg. 2 tab cr, daily, Oxcarbazepine 300 mg 1 am and 450 mg hs.,

PAST MEDS (dosages, dates, if known): Trileptal, DAVP Concerta, Clonidine, Ritalin, If MR, IQ: n/a

Family/Guardian participation in admission: adoptive mother to assessment

CM: accepted

Hx of OP: home based family therapy

Hx of INPT: 4/2009-12/2009, and in Colorado that specializes with RAD.

Current Meds: trileptal 300 mg BID 150 mg HS DDAVP concerta 54mg AM clonidine 0.1 mg BID; Ritalin 15 mg @ 4:00pm benedryl 50 mg HS

No medical issues

Current Clinical Information: adopted from Russia at 6 months; severe neglect and abuse. during assessment, little eye contact, no remorse. OP therapy yesterday and refused to participate. On Sunday, got angry, kicked and hit his cousin and sister. clt stated he would do it again. On the way home, kicked the windows and said he would do something to cause the mother to have a wreck so that she and his sister would die. Made another threat to kill his sister 2 weeks ago; this was the start of the increased aggression. SI: none. Aggression/Tantrums: daily episodes of aggression for 2 weeks. Today took an air pellet gun and hit 2 dogs repeatedly. When babysitter told him to stop, he shot her 4 yr old child repeatedly. Babysitter had to restrain clt. clt stated he did it because he was worried he would have to go to the hospital and stated he knew it would hurt the child. clt cannot be maintained in school and has to be home schooled.

Self Mutilation: hx of cutting himself with screws and stabbing himself with a pencil

Substance Abuse: none

Current Sleep and Eating Patterns: hard to get clt to sleep; will stay up for hours. if they lay down with him or he sleeps with them, he will go to sleep/ mother to attend FT, no stated barriers to her participation.

DC: stabilization with op/ case mgn

**Raeesha**

12 yo female:

In DHS custody. CW in assessment

History of Inpatient Behavioral Health (dates/facility): OP 2007 to current. IP 2007, 5/2008- 8/2008 OP started prior to first IP admission.

NO medications currently:

**CURRENT CLINICAL INFORMATION** Depressive feelings AEB: feelings of hopelessness, worthlessness, on daily basis, Anxious daily : racing thoughts, constant worry and tensions, intense anger. Client went into rage lasting 2 hours today, per CW. Ran away today as well. Found by police. Use marijuana daily, per client, but none x 3 days. HX of methamphetamine use, none in past year. Denies current SI. CW says pt made Homicidal threats against aunt, but client denies. Anger outbursts are yelling, screaming. Upset by others talking about parents. Difficulty falling asleep, no eating issues.

NO AVH, hygiene issues, no self harm, no medical issues. No bio family involvement. Has been in kinship placement with aunt, losing placement, which led to running away today.

## **De Von**

16 yo male

Both parents and child in assessment. Parents will attend FT sessions CM: offered and accepted. Has SSI. Mother is in process of obtaining records for DDS application

TREATMENT HISTORY: Dr X 12/2009 to present;

OP services 12/23/09 to March of 2010 IP: 3/2009 x2 and 1 specialized RTC program 8/2009 to 12/2009 Neuro workup suggests following: 3 EEGs have been conducted as in the past doctors thought behavior might be due to seizures. . The first two were not reliable but the doctor felt there was evidence of epilepsy. The third one was conducted on 4/23/09 and indicated mild diffuse slowing but not gross evidence of seizure activity. Parents report they were told it was not a physical issue but behavioral. Has an IEP at school and historically received PT, OT and Speech at school. He has been unable to attend these therapies recently due to his behaviors

Current Medications: Amputine 3mg HS, Tenex 0.2mg 1 in the morning, two a noon and 1 at night, Vyvance 30mg 1 x day, Abilify 10mg 1 x a day, Melatonin 3mg HS.

Suicidal/Homicidal: none. Aggression does not appear premeditated

Psychotic/Self Care: No psychosis known/ Need prompts and assistance with hygiene, resistant to hygiene

Description of Baseline Behaviors: IQ: in 40's per parents.

Parents report that prior to the onset of De Von's unusual behaviors he was compliant, sweet and did well in school. Sleep and appetite currently okay. Extremely impulsive, aggressive, verbal but not understandable, needs total assistance with hygiene, unable or unwilling to follow prompts, wanders, attempts to leave the room, grabs what ever objects might be available to him. De Von is a previous client. His parents report that he did well for about two weeks after his discharge and then began to act out again. His aggression started toward his sister and then progressed to both his parents and his teachers at school. Parents report that as of March 2010 the school would only allow De Von to attend for one hour per day and his mother has to sit with him during that hour; due to hitting teachers multiple times and attempting to touch the breasts of two female students.

Parents report that De Von has become very aggressive in the home as well. He hits his mother, father and sister. He has destroyed his room including dismantling a dresser and breaking his stereo by throwing it. De Von has been admitted to IP the first time in 2010 due to pushing his mother off the porch, hitting his mother, biting her and pinching her breasts. That day he was also throwing objects at his mom which included a full coke can, books, a phone and the remote. The second admission the same month, and was the result of De Von destroying his room, throwing the computer at his father, flinging a plate of spaghetti across the room, attempting to stab is father with a fork and attacking his father from behind with a stereo speaker (hit him in the back of the head multiple times with it). His parents managed to get De Von to the ER that date and report Frankie was restrained. They state is took four injections and two hours for him to calm.

During assessment, De Von did pretty well. He was not aggressive toward his parents today but attempted to wander, paced and attempted to leave the room. His language is very poor and he is very difficult to understand. He was asked about his behavior but did not respond. He asked for a coke on several occasions. He attempted to grab this

therapist paper and pens, attempted to rummage through his mother's purse and yelled at her when she took it and her cell phone away from him. Parents report that De Von continues to expose himself and attempts to masturbate in front of family members on a daily a basis.

De Von's parents report he will act out when told "no" or doesn't get what he wants. This includes body stiffening and pushing his palms together very hard, jumping up and down, clenching his fists, frothing from the mouth, heavy breathing, and crying. The parents originally thought he might be having seizures. He was evaluated by the neurologist and parents report they were told it was not a physical issue but behavioral.

## **Micah**

5 yo male

Clt and his mother presented as calm, moods upbeat. Clt played with various toys throughout session and interacted appropriately with his mother. He asked her to read him a book and listened attentively while sitting quietly as she read to him. Clt's mother reported the client lives with her and his two older brothers in a house that she rents from his brother's grandmother. Clt's mother reported the client has no contact with his father and his grandparents. Clt's mother reported the family unit (mother, 3 sons) has no outside support from family members or friends, emotionally or financially. Clt's mother reported the client still sleeps in her bed with her and gets very upset if she tries to make him sleep in another bed or another room. Clt's mother reported he gets along fairly well with his older brother. Clt's mother reported that he and his middle brother fight and at times hit and kick each other in the private areas. Clt's mother reported that since client has been attending head start (approx 8mos) client has been showing his private parts to others and touching his brother's private parts and having his brother touch his private parts. Clt's mother reported that they do this in front of other people and don't appear to be getting sexual pleasure from it. Clt's mother reported that they laugh and giggle when they do this to each other. Clt's mother reported she has started making them take separate baths and will not let them run around the house without clothes on. Clt's mother reported that she reprimands the boys when they do this behavior. Clt's mother reported that the client's teachers in Head Start are concerned because the client and another little boy have also been showing each other their private parts and teachers reported that they were once seen simulating sex. Clt's mother reported there has been no sexual abuse in client's past, but she worries that clt's friend was the one that first touched him inappropriately. Clt's mother reported that she has asked the teachers at school to keep him away from the other child. Clt's mother reported that client at times can be bossy and controlling with other children and gets angry when he does not get his way. Clt's mother reported client does not follow rules well and has to be redirected often at home and at school. Ct's mother reported client has "sticky fingers" and will often bring home things from school that are not his stating the teacher told him he could "borrow them." Clt's mother reported she always makes client return the items. Clt's mother reported that client is able to care for his basic needs fairly well, but he will have an "accident" where he urinates on himself 1-2x per month and it always happens during the night. Clt was oriented x3 at the time of the interview. Clt denied SHI/AVHs. Clt had limited judgment and insight. Clt's mother reported that client has some trouble going to sleep at night No medical issues noted, no SA issues.

**Taylor**

15 yo male

Meds: none at present. Has asthma, uses inhaler as needed (rarely, with good results)

Placement: with bio-father and p-aunt and uncle or back with mother.

IQ per Slosson test is 91

History: Lived with bio-mother till 12 yo; thought processes intact; no significant mental health or substance abuse with pt or family members. Was molested at 4 yo by mother's boyfriend. Attended OP sexual behavior program and "I thought it was a joke." Legal charge is Lewd acts with a minor. At 9 yo molested younger sister and recently molested 8 Xs his half brother (10 yo). also stalked one girl with lewd comments and lewd comments with two other girls. Minor history of fighting. In special Ed classes with and IEP. In 8th grade having failed second grade with B avg. In OJA supervision XX as probation officer. Pt presents as motivated and came to interview via OKC detention center. He admits to all the offenses and realizes the importance of getting treatment but not the impact of his offenses upon his victims, as most adolescents don't. Does not know rules of consent and is narcissistic r/t consequences of offense.

Charles:

14 yo male

Father brought Charles to assessment. Mom at home with 3 other children (brothers age 11, 10 and infant sister)

Has been IP in 10/2007- 12/2007; 2/2010-3/2010, 4/2010-5/2010.

Current Clinical Information:

clt and brother intentionally set an out building on fire last night. father is afraid he is going to harm someone. clt stated he would try it again, showed no remorse. clt stating he was fascinated by the fire. Charles denies AVH, no sleep or appetite issues. Hygiene appears age appropriate. Father and Charles clothes are clean but very worn. One week ago, Charles attacked his 11 year old brother throwing him through a wall and stated to his mother that he had suicidal ideation but would not identify a plan. Pts mother had to call police to the house due to pt escalating aggression. Once police arrive pt calmed and denied earlier statements. During assessment pt admitted to threatening to jump from the car today. Pt stated that he knew if he jumped out of a moving vehicle it could kill him and that was his intent. Charles is on IEP at school due to bxs of defiance to teachers, aggression to peers, grades C,D and F. refuses to do school work. Pt is currently refusing to take medication (adderall and Clonidine). Family has known history of no participation FT while Charles is IP. Parents do not follow up after IP discharge w/ OP therapy or medications. Charles has no hx of OP therapy prior to his first admission. Have threatened to abandon Charles while IP, in past. Family identifies Charles as a "follower" to older boys in neighborhood.