

Complex Case #1 for eLearning

Identifying Information:

Jimmy is a 9-year-old male who was brought in by his adoptive parents because of concerns about moodiness, behavior problems, and school problems. He lives with this Mother and Father, one foster brother (age 7), and two biologic sons of the adoptive parents (ages 14 and 12). Jimmy was removed from his biological parents at age 2 after Child Welfare Services (CWS) received complaints of a child wondering about the neighborhood in a diaper. CWS investigated and found Jimmy's mother and father "passed out" in the home from use of opiates. Jimmy was placed in a Child Abuse Shelter at first, then was placed with several Foster Families only to be returned because of his behavior and difficulties relating to the families. His current home is his fourth and he has been with this family since age 5 (foster/adoption).

Chief Complaint:

Jimmy has troubles with anger, aggression, sadness, and irritability at home, at school, and in the neighborhood. He seems to care about his adoptive parents and his siblings, but has great difficulties controlling his behavior and his parents are worried he will injure them or the other children in the house.

History of Present Illness:

Jimmy's early history (before age 2) is unclear. He has had troubles in many areas throughout his life including mood problems, anxiety, irritability, and anger. His behavior has been challenging as he can become suddenly very angry, shout threats, kick walls, throw toys, and scratch at his face. He has attempted to hit his parents and siblings at home, has been suspended twice at school for fighting peers, and is now using very bad language when irritated.

At school, he sometimes has difficulty paying attention to the work he is given, frequently won't finish assignments or turn them in, and has great difficulty completing projects. His parents try to help him with his homework and projects, but he is resistant and defiant to this help. The teachers describe him as a bright and intuitive boy at times, but have not been able to figure out how to predictably support him because he can be so variable in his presentation each day.

At home he also seems quite up and down- he can be funny, happy, and excited about an activity only later to become sullen, angry, upset, and unable to participate in the activity. The parents have tried to figure out what makes him most "happy" so that the home can have relative peace. They find that if they need to change the schedule of activities that Jimmy likes (pizza and a rented movie on Friday nights), he reacts poorly. Jimmy's appetite is limited as he only likes pizza, hamburgers, French Fries, and pasta. He has gained a significant amount of weight in the past year due to eating excessively (parents report he seems to "never fill up") and desire to play videogames for long periods of time.

Past Psychiatric History:

Jimmy has never participated in therapy. Was screened for social and emotional problems as a young child (age 3), but the results are unknown.

Medical History:

Jimmy has had recurrent ear infections, but there is no mention of a hearing problem.

Developmental History:

There are suspicions that Jimmy was exposed to substances in utero, but there is no firm history of what those substances were. There is no record of pregnancy or delivery problems. As a toddler, Jimmy was described as irritable, a fussy eater, and difficult to put to bed at night. He was noted to have “big emotions” and had trouble playing with other children in preschool.

School History:

Despite his behavioral difficulties at school, Jimmy has not been referred for a special education evaluation. His teachers describe him as bright, but unfocused, and easily angered.

Family History:

Jimmy’s mother was in the Child Welfare System during her childhood. There is some information that she had behavioral problems, mood problems, school problems, and substance use difficulties as a teenager.

Mental Status Exam:

Jimmy was alert, oriented to person, place, and time when first greeted. He appeared to be normally formed and average size (height and weight) for his age. He did make intermittent eye contact, but did not eagerly engage with the evaluator at first. As the interview progressed, he became more talkative and interactive. Activity level was active, but not hyperactive. Near the end of the interview he was playing loudly and aggressively with the action figures. Speech was clear and slow, but articulation was remarkable for a lisp. His mood was described as “OK” and his affect was tense, reserved, guarded at first, and more relaxed and euthymic as the interview progressed. He denied any suicidal or self-harmful thoughts, and also denied thoughts about harming others. He had no signs of psychosis, obsessions, or ruminations. His insight was limited as he minimized the difficulties he is reported to be having at home and in school. His judgement during the interview was good, but historical information suggests it is poor outside of the interview.