

Case Presentation: Meeting the needs of a complex patient

Utilizing the “wrap around” systems of care concept.



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Overview

I will present a case report of a complex patient to illustrate the role multiple systems of care can play in an individual's care. Specific details of this case have been modified slightly, at the families request, to protect their identity. This should not affect the overall presentation.

CASE

Jamie is a 13-year-old mixed-race female-to-male transgender teenager and prefers to go by male pronouns who lives in Massachusetts with his mother, father, and older brother.

Initial psychiatric visit was in the fall of 2016, and Jamie was referred by individual therapist for depressed mood, poor sleep, anxiety, self-injurious behaviors in the form of cutting and complaints of auditory and visual hallucinations. He carried a preliminary diagnosis of Major Depressive Disorder with psychotic features and Generalized Anxiety Disorder.

Psychiatric history:

- Started struggling with anxiety/depression in 2014 after death of maternal grandmother, and Jamie blamed self for her death
- Cutting behavior discovered by family in 2016 and referred to outpatient therapy
- Referred to outpatient psychiatry in fall 2016 for anxiety, depression, self-injurious behaviors, auditory hallucinations, and irritability

Developmental history:

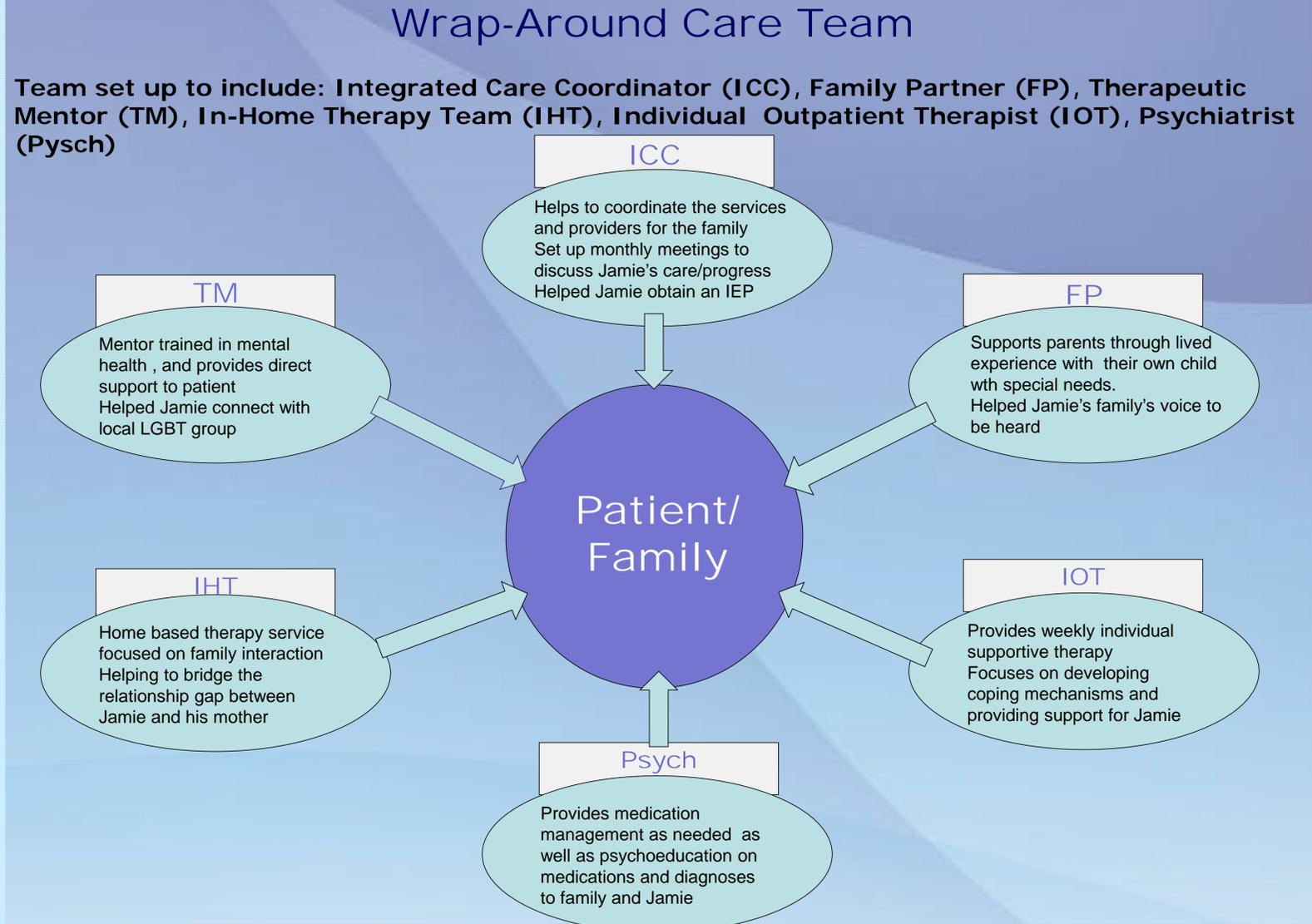
- Difficult pregnancy complicated by gestational diabetes, hyperemesis gravidum, URI
- SVD at full-term, 10lbs1 oz and 23 inches long
- Milestones met at appropriate intervals, no early intervention required
- Did well in elementary school until 3rd grade due to “teacher mismatch”
- Had a tutor to catch up on 4th and 5th grade
- Grades dropping now in 7th grade due to increasing anxiety/depression symptoms

Medical history:

- Seasonal allergies
- Hospital stay at 6mos for ulcerated hemangioma
- Tonsils and adenoids removed
- Around 6yo fell around 7 feet onto a concrete floor and lost consciousness, seen in hospital and only suffered minor injures
- No known drug allergies

Family History:

- Mom with diagnoses of bipolar disorder, borderline personality disorder, ADHD and history of multiple psychiatric hospitalizations. Became manic when given SSRI.
- Brother with ADHD
- Paternal family history of psychosis following a TBI
- Substance abuse history on both sides
- Maternal family history of bipolar disorder and paranoid schizophrenia



Resolution:

Jamie has had decreased self-injurious behaviors, and auditory hallucinations have decreased as well. Continues to have chronic passive suicidal ideation, but now more help-seeking, and has been able to remain out of the hospital. Despite significant difficulties in school in 7th grade, with the help of the treatment team was able to obtain an individualized education plan, and advance to the 8th grade, has made great strides academically. Has found more friends through the LGBT group, and social support has subsequently increased. Family doing better at getting Jamie's needs met, and have been able to decrease wrap-around services, and take over care themselves.

CASE (continued)

Social History:

- Lives with mother, father, older brother, paternal grandmother
- Mother is a stay-at-home parent, identifies as Hispanic
- Father works in construction, identifies as Caucasian
- Pets in the home include 2 cats and a dog, which Jamie finds comforting
- Jamie has a strained relationship with his mother, who has a hard time accepting Jamie's gender identity
- Jamie gets along with his father, but has a hard time connecting to him
- Alex was very close to his maternal grandmother who passed away from cancer in 2014
- Frequent difficulties between parents, with multiple disruptions to the marriage
- Identifies as male and pansexual
- Faces frequent bullying at school due to sexual identity, gender identity, and scars from cutting
- Does have many close friends that are supportive
- No history of substance use/abuse
- Used to enjoy school, and get good grades, but now anxious about poor school performance
- Trauma history: found dead grandmother's body in the home.

Treatment Course

- ▶ Started on lamotrigine and quetiapine
- ▶ Did not start lamotrigine due to losing the medication, found the quetiapine helpful, particularly with sleep difficulties
- ▶ Due to some family distress, Jamie had increasing suicidal ideation and auditory hallucinations and was placed at a community based acute treatment facility (CBAT) in January 2017
- ▶ While at the CBAT, Jamie was started on escitalopram for anxiety and depression, and developed acute manic symptoms, necessitating a 4-week stay until symptoms resolved, and the diagnosis of bipolar disorder was made. Lamotrigine and quetiapine were increased, and family was set up with more services in the community.
- ▶ Family had a hard time keeping up with Jamie's appointments and medications, and ultimately a case was filed with the Department of Children and Families for medical neglect, which was substantiated
- ▶ Jamie made some improvements with increased supports and medication changes, however had increasing anxiety due to poor school performance which was made worse by large number of absences for mental health treatment
- ▶ Jamie had to deal with the death of a close family member, who was temporarily staying in the home, from an unintentional drug overdose.
- ▶ Jamie was again psychiatrically placed for increasing auditory hallucinations and suicidal ideation in April 2017 at an inpatient facility
- ▶ Jamie's care team worked together to create goals and a plan specific to the family to work towards stabilizing Jamie