A Path Less Traveled:
A Case of an Adolescent Boy with Intellectual Disability on an Inpatient Psychiatric Unit and his Journey Both on and off the Unit
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Background
LAC+USC Medical Center serves over 10 million residents in Los Angeles County including children and adolescents seeking mental health services. Inpatient services are limited for this population and even more so for those with autism and intellectual disabilities.

Introduction
I wish to illustrate the challenges that face an adolescent with intellectual disability as well as maladaptive and aggressive behavior when presented on a psychiatric hold to a County system with extremely limited options for hospitalization. This case demonstrates the ways that systems of care come into play when there is an individual who is not safe to be discharged back to his previous placement but has no other available options for disposition. Systems of care are particularly important in this case as the client had multiple agencies involved in his care, including the juvenile justice system, children's services, and Regional Center. Providing appropriate care involved coordinating amongst numerous departments within the County system. I wish to also illustrate the numerous steps required to discharge the patient to the most appropriate and least restrictive environment while managing his extremely aggressive behavior and staff countertransference after 92 days in our hospital system.

Case
Initial Presentation:
The case involves a 17-year-old boy with a history of mild intellectual disability (IQ 61) and significant assaultive behavior. He carried diagnoses of conduct disorder and bipolar disorder as well as unspecified disruptive, impulse control and conduct disorder. He presented to the Emergency Department on a psychiatric hold for "Danger to Others" after becoming aggressive at his group home: breaking items, biting, and threatening staff.

Hospital Course:

Discussion
Challenges in this Case:
- Managing aggressive behavior related to poor impulse control and poor frustration tolerance on a psychiatric inpatient unit.
- Negotiating peer interactions with someone who was influenced by peers to act out aggressively.
- Managing staff countertransference with a patient who assaulted numerous staff members and who was described in documentation as "testing limits," "needy," or "attention-seeking."
- Coordinating the multiple agencies involved in the young man's care.

Responses to Challenges:
- Team implemented strict behavioral measures for client. This resulted in less assaults, as well as a decrease in the frequency of behavioral codes, including both chemical and physical restraints.
- Managed the young man's interactions with peers by utilizing strict time outs from common areas when behavioral outbursts occurred.
- Extensive discussion with entire team during daily interdisciplinary morning rounds to allow input from all services at the inpatient hospital.
- Maintained open and frequent communication between inpatient psychiatric service and the following agencies: patient's conservator, the agency in charge of his placement, and other agencies who could have impacted placement.

Outcomes:
The client was discharged to an out of state, locked facility. Following his discharge, staff at the inpatient psychiatric ward started to look into establishing a behavioral program on the ward. Family reported that the client is very happy and has been responding well to the behavioral interventions at the out of state placement. He is reportedly "flourishing" and looking forward to a visit from his entire family later this year.

References
"LAC+USC Medical Center” Los Angeles County Department of Health Services LAC+USC Home - dhs.lacounty.gov/wps/portal/dhs/home
Images: Open Clipart

Keck School of Medicine of USC