

Behavioral Health Treatment Stakeholders Meeting
June 18, 2015
Dr. Peter Currie's Presentation Case Study Examples

- 3-year-old Adam was referred by his preschool for an Autism assessment given severe autistic like behaviors in the classroom.

Symptoms:

- Severe language delay
- No apparent attachment to caregiver(s)
- Hides under desk in preschool
- Does not play with other children
- Aggressive when urged to interact
- Arms flap/flail when dysregulated
- Obsessed with cars and trucks

History/Assessment Results

- Lived in Drug Endangered environment with bioparents up till 20 months of age
- Severe Neglect – Starvation, Physical & Emotional Abuse, Severe domestic violence
- Parents involved in illegal drug activity and father incarcerated – now in foster care
- Significant language disorder
- Disorganized attachment
- Trauma induced dysregulation included self-stimulatory behaviors and obsession with cars/trucks identified to be related to rescue vehicles

Adam had been identified by his school and had a diagnosis from his pediatrician, however, he was also referred for further assessment. Had he been diagnosed as Autistic he would have had the WRONG treatment. However, MORE IMPORTANTLY, HE WOULD HAVE FAILED TO RECEIVE THE CORRECT treatment! Adam received trauma therapy and is now speaking, developing healthy attachment with his caregiver, and socially and emotionally engaged.

- 15-year-old Amy was referred by her mother/school for an Autism assessment given autistic like behaviors.

Symptoms:

- Social deficits (no friends)
- limited attachment to caregiver(s)
- Aggressive or irritable when urged to interact
- Language Delays (poor receptive and expressive communication)
- Does not tolerate changes in environment or routine

History/Assessment Results

- Normal development until 5 years of age when she fell off a skate board
- Was unconscious after fall and had head injury but no identified need for treatment
- Significant changes in function and personality
- Significant language disorder
- Executive functioning deficits

Amy was given the comprehensive medical and neuropsychological follow-up and current symptoms are considered to be related to untreated traumatic brain injury. She requires language therapy and cognitive rehabilitation. She is also interested in attaining therapy for social skills in order to learn how to make friends with peers.

- 3-year-old Danny was referred by his mother for an Autism assessment given autistic like behaviors.

Symptoms:

- Social deficits (does not get along with peers, does not play with peers)
- Significant language and communication delay
- Frequent tantrums – destructive towards property, engages in self-harm

History/Assessment Results

- Uncomplicated birth history and early developmental history within normal limits
- Mild motor and more significant language delays were noted
- History of recurrent ear infections with fluid build up
- Was diagnosed with Pervasive Developmental Disorder when he was 2 years old
- Underwent surgery to have PE tubes placed just prior to recent evaluation

Danny underwent a neurodevelopmental evaluation, which identified his symptom presentation to be secondary to the history of ear infections and consequent hearing loss. He was noted to have been making significant progress in both his language and social skills subsequent to having the PE tubes placed and was referred for language therapy.

- 11-year-old Matthew was referred by his parents for an Autism assessment given autistic like behaviors.

Symptoms:

- Social deficits - does not relate to his peers, does not join them in play, waits for them to engage him
- Some communication delays – difficulty presenting information in an orderly and organized manner
- Difficulty with transitions and changes
- Preoccupations – will only talk about certain topics, very interested in comic books and superheroes
- Poor adaptive functioning and self-care skills
- Significant mood and behavioral issues – frequent tantrums and anger episodes

History/Assessment Results

- Was adopted when he was about a year old – was a safe surrender baby and parents obtained custody when he was 5 days old – possible prenatal exposure
- Motor milestones acquired at the expected age, language milestones delayed
- No medical concerns
- Significant academic concerns – was in a mainstream classroom with RSP services (for all academic areas) and accommodations (modified workload and extra time) and still was functioning well below grade level (about 3 to 4 years behind academically).
- Was very anxious during the evaluation – kept saying he was not “stupid” and did not need the evaluation – also evidenced significant anxiety about his peers and classmates finding out about the evaluation.
- Was very anxious about engaging with the examiner and refused to engage with her on the parts of the evaluation – the anxiety appeared to be related to how the examiner would perceive him.
- Evidenced significant cognitive, adaptive, and language delays on evaluation – met criteria for Intellectual Disability.

Matthew underwent a neurodevelopmental evaluation, which identified him to have an Intellectual Disability and Generalized Anxiety Disorder. Over the course of the evaluation, Matthew was noted to evidence significant anxiety about his academic functioning and how his classmates perceive him secondary to the difficulties he was experiencing. He was also observed to have difficulty relating to his peers because he was cognitively not at the same level they were at. When he was engaged in team activities (e.g. basketball team) with the support of an adult supervisor, he was noted to engage appropriately with his peers. Misdiagnosing Matthew with ASD and providing him the expected therapeutic interventions would likely have worsened his mood and behavioral issues. Appropriate academic placements and supports as well psychotherapeutic interventions to address his anxiety were felt to be what he needed.