Complex Case for WCW 2023

Trauma Specific Interventions

Identifying Information

Maria is a 4-year-old female who lives with her adoptive mother and father in the San Diego area. In the home is her ½ brother (same mother, different father). Maria attends preschool.

Maria was adopted at the age of 2 ½ after a chaotic early childhood. She was born to a teenage mother who struggled with drug use and homelessness. Maria was removed from her care at the age of 6 months due to neglect and then experienced more than 10 placements before being placed with her current adoptive parents. The placements were difficult because of Maria’s symptoms, difficulties with sleeping and feeding, and because of poor behavior on the part of the foster placements (emotional and physical abuse).

Chief Complaint

Maria was brought in by her adoptive parents because of multiple problems with sleep and temper outbursts.

History of Present Illness

Maria has a complex set of problems that have been present from early in her childhood. These areas are:

 1. Attention problems

 2. Impulse control problems

 3. Hyperactivity

 4. Intermittent oppositional behavior

 5. “Delinquent” behavior- attempting to stab parents with utensils, breaking locks, breaking pieces of fence to get out of the yard.

 6. Aggression- mostly when dysregulated, but some predatory aggression (attempting to stab parents with no provocation). The aggression can be cussing, swearing, hitting, kicking, spitting, head butting, biting.

 7. Mood problems- quality of mood can be sad, demoralized, and anxious. The quantity of mood is very high when upset. The stability of mood is low as she is easily set off by being told “no”, being anxious, being in conflict with her brother, or by memories of past traumas. The slope of escalation is high (rapid), and the time to return to baseline can be 10-60 minutes. Refractory period can be very short.

 8. Anxiety- can appear on edge, worrying, talking excessively, clinging to parent, seeking reassurance.

 9. Trauma related symptoms- fear, memories, dreams, flashbacks, dissociation, avoidance, excessive emotional arousal, self-harmful behavior, hypervigilance, exaggerated startle, sleep problems

 10. Self-harmful behaviors- when dysregulated, will throw self on the floor, bang her head on the wall or ground

 11. Movement dyscontrol- had truncal dyskinesia and head and neck movements on a medication. Otherwise, no movement problems.

 12. Sleep problems- has trouble falling asleep, will wake up in middle of the night, needs to be in physical contact with her mother all night long or will awaken and look for mother.

 13. Eating- has low satiety, eats all the time, will eat what is offered, but never seems full

 14. Speech and language- had speech articulation problems which resolved quickly with speech therapy

 15. Attachment issues- with primary caregivers has an anxious attachment- clingy, loud and complaining, frequently needing to sit in mother’s or father’s lap to calm down. Always wants to know where parents are (will follow into the bathroom). With others, can be quite easily engaged and show attachment desire (looking for Safe Haven, enjoying Secure Base) almost in an indiscriminate way. Frequently tells me she wants to go to my home and live with me.

 16. Parent/Child Relational Issues- the parents use different styles. Both start out as loving. When Maria is upset, father gets more restrictive and angry, whereas mother tries to be more nurturing and physically supportive. This leads to conflict between parents, injury to mother as Maria is pretty wild when dysregulated, and then mother dismissing father from the interaction. He then fumes about letting this child injure his wife.

 17. Temperamental challenges- attention span, impulsivity, short concentration, emotional intensity high, body regularity problems (sleep, eating, pooping), initial response to new things is inhibited and resistant, negative persistence, poor adaptability (8 of 10). Mismatch with mother and father- who are calm, caring, not emotionally volatile until very provoked.

 18. Gross motor and fine motor delays- clumsy, hard to use crayons and scissors.

 Course of S&S- these symptoms pop up every day, sometimes multiple times per day. Maria can hold it together most days in pre-school, but at times has been very anxious and resistant to going to school and will have a temper outburst. There are very few calm days in this home.

 Trauma History- homelessness, neglect and exposure to domestic violence with biomother, multiple changes of placement with neglect, emotional abuse, and physical abuse before coming to adoptive home. ACE score is 8.

 Cultural Issues- Maria’s mother was Mexican, father is Polynesian. No contact with either of their families. Mother is deceased. Father is not in contact with the children. Adoptive mother and father are Caucasian, English speaking from the East Coast of US.

 Strengths- Child attending preschool. Parents are caring and loving. Attachment is strong, yet of an anxious style. Close bond between siblings. Financially stable.

Current treatments

 Maria is seeing an Early Childhood Mental Health therapist skilled in multiple modalities including Trauma Specific Interventions. She is also seeing a Board-Certified Child and Adolescent Psychiatrist experienced in ECMH and Trauma Reactions in very young children.

Past Psychiatric History

None before current

Developmental History

 In utero exposures- alcohol, cannabis, methamphetamine, psychotropic medications. No information about when in the pregnancy these exposures occurred.

 Delivery complications- none reported.

 Developmental delays, regressions- as above with self-regulation problems, speech and language problems, motor coordination problems

School History

 Behavior in pre-school- currently doing well. In previous preschool had conflictual relationship with teacher, irritable behavior and aggressive blow ups, restrained at school, then became anxious and avoidant of all school grounds she saw.

Family History

 Bio mother had history of being in the foster care system with mood disorder, attention disorder, and substance use disorders. Had Maria at age 15, her brother at 16, and died in childbirth at age 18.

 Bio father had history of substance use disorders and psychotic disorder.

 ½ brother has history of ASD, aggressive outbursts, language delays

 Caregiver trauma- adoptive mother was physically, sexually and emotionally abused as a child

Mental Status Exam

Maria presented as a well-dressed girl with good personal hygiene. She showed no gait abnormalities, tics, or tremor. She was oriented to her name, the place, and the purpose of her visit. She played pleasantly for several minutes while her parents began giving the history of her situation. Within 5 minutes she was calling her brother a swear word, grabbing at the toy he had taken from her, and trying to kick him. Her parents did not intervene in these actions, so I was able to redirect her to a different toy. She spent the rest of the session wandering about my office, briefly playing with several toys. After about 15 minutes she announced she was hungry and wanted a snack. Without permission, she dug in her mother’s purse, found the snacks and water and sat placidly on the couch eating and drinking with a far off look in her eye. Suddenly, she hopped off of the couch, ran up to her brother, grabbed a different toy out of his hand, was quickly reprimanded by her father, and then tried to open the door and get out of my office. When stopped, he struggled with her father, yelling, hitting, kicking, and trying to spit at him. This went on for about 15 minutes and ended when her mother demanded that father let go of Marian and invited Maria into her lap. This settled Maria.