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Date 12-5-85

DISCHARGE SUMMARY

Robert Bowers

Date: 11/22/85

Identification

Robert Bowers is a thirteen year old (D.O.B. 9/4/72) caucasian male who was admitted in transfer from McKeesport Hospital where he was treated on an involuntary basis. Mother signed a Voluntary Admission Form on presentation to Southwood Psychiatric Hospital.

Present and Past History

Robert was admitted to McKeesport Hospital on a 302 because of spraying his mother with lighter fluid and threatening to light it. He has a past history of aggression towards Mother, destruction, e.g. punching a hole in the wall and fire setting. The presenting episode was by far the most dangerous.

Robert has appeared depressed for a long time, and the increasing aggressive behavior was in the context of more severe parent/ child conflict and an increase in depressive symptoms. By history, it appears that Robert has had mild chronic dysphoria for a number of years, and at age ten, with an increase in family stressors and expressed anger towards his mother, he was preoccupied with suicide and threatened to jump from a bluff near their home. The family history is significant for his father's completed suicide when Rob was age seven, as well as his past history of substance abuse and explosive and violent behavior; and Mother's prior treatment including hospitalization for a depressive illness. Robert and the family have been involved intermittently for treatment through their Mental Health Center. Please refer to the Social Study by Michael Weller, A.C.S.W. and Ann Brownlee, A.C.S.W. for further information.

Review of Assessments

Medical evaluation, including pediatric history and physical examination revealed no acute or chronic medical problems.

There was a question of thyroid abnormalities from McKeesport Hospital, but this was ruled out before his discharge from there. EKG was done as a base line for imipramine treatment and this was normal with a PR interval of .12, hearing and vision screening were both within normal limits. Nursing assessment and nutrition history were done on admission and did not reveal additional problems. Stanford Diagnostic testing was done which revealed Reading Comprehension at the 9.3 grade equivalent and Math skills at the 64th percentile. Therapeutic Recreation Assessment was attempted, but Robert refused this. However, grossly Rob showed gross and fine motor coordination skills appropriate to his age.

Mental Status Examination

Rob is a thin boy with long blond hair dressed in an army style jacket. He showed poor eye contact and over the first hospital week, was not cooperative with the interview, or with other hospital routines, for that matter. Speech was fluent, however, he tended to mumble. Thought process was logical, without evidence of hallucinations or psychotic symptoms. Affect was angry, and he was withdrawn and depressed at times. Most of his verbalizations and the initial interviews with me centered around his anger towards Mother and anger about hospitalization. He denied suicidal thoughts or intent at the time, but threatened to kill his mother for "putting me in here". He reported feeling "miserable" and stated that he had never been very happy in his life. He reported difficulty falling asleep, and there appeared to be lack of interest in any unit activities. He appeared to be of above average intelligence, and was well oriented. He showed no insight into his problems initially.

Hospital Course

Rob was initially admitted to the Adolescent Program at Southwood Psychiatric Hospital, was transferred to the Childrens' Unit on the fifth hospital day, because he fit in more closely with that age group, and because he was showing marked regression, with extreme social isolation and withdrawal. Over the first two hospital weeks, he was antagonistic towards the staff and resistant to engaging in milieu activities or even complying with performing activities of daily living. He remained withdrawn, often staying in his bed or lying on the couch in a curled up position, and complained of feeling tired. One week into the hospital stay, Rob broke an "unbreakable" hospital

window by throwing an object at it, and appeared somewhat remorseful about this. Subsequent to this incident, he showed more compliance with the hospital routine, appeared slightly brighter, and was more interactive, but it was not until the third week that he actively engaged in his treatment.

At the time of the diagnostic conference one week into the hospital stay, the admitting diagnosis of Dr. Axelson, Atypical Depression, was concurred with. A trial of anti-depressants was recommended at that time, however, since Rob was refusing all other attempts to engage treatment, this was not proposed to him until the third hospital week. At that time, he agreed, reluctantly, to a trial of imipramine, but when the medication was offered to him he refused. The second day that it was offered, 11/1/85, Rob again agreed to take the medication, and the imipramine was titrated to a dose of 150mg POQHS. From that time on, Rob showed a decrease in depressive symptoms, with less isolativeness, appearing less tired, showing an increased willingness to interact with peers, appeared to enjoy group activities, and showing less depressed mood. He also showed a shift from self-deprecation with poor self-esteem to a greater degree of expression of anger towards others, particularly his mother. He had difficulty falling asleep, from forty-five minutes to an hour and one-half after lights out, which persisted throughout the hospital stay. Initially when he began interacting, he was on the fringes of the group, but as the hospitalization progressed he showed much more interest and involvement with his peers, and actually formed some friendships.

Rob showed no aggressive behavior over the hospitalization, one act of destruction as noted above, but voiced numerous threats of aggression. Initially he talked about obtaining the means of burning the hospital down, but when asked about this, denied that he would actually pursue that. Subsequently as treatment progressed, he expressed anger, but in more appropriate ways. He talked about anger towards his mother, initially threatening to kill her. However, later in the hospital course he denied that he would take any steps to hurt her, and that he realized that his desire never to return home was punishing to her.

Throughout the hospital stay, despite his resistance to treatment, Rob came willingly to daily individual therapy sessions. Initially this served only as a chance for him to ventilate his anger, but after the first hospital week, he

was able to use the sessions to work on personal issues and improving his situation. In talking about his growing up experiences, Rob perceived these as uniformly punitive and became angry at the thought of them. He was able to look at these in terms of loss, feeling that he never had the nurturance he should have, and expressing sadness at this. Although discussing his anger towards his mother tended not to be productive, he was able to use the therapy sessions to look at his previous pattern of acting out this anger in self-destructive ways at times. Indeed, during the hospital course, when Rob was experiencing the greatest anger towards his mother, on two or three occasions he pounded his fist until it bruised or scratched or picked at himself.

The milieu and group therapies were instrumental in providing Rob with acceptance and support in a non-threatening atmosphere, and a chance to gradually interact more appropriately. Initially in the peer task groups, Rob was isolative or on the periphery, and it was during that stage of the hospitalization that one-to-one time with Staff was most effective in helping him to understand his feelings and hostility and to not be as preoccupied with them. As the hospitalization progressed, he did use the group sessions to work on tasks and improve his interactive skills. Rob initially refused to do any school work, and when given homework to do, he ripped the books on several occasions. Again, as the hospitalization progressed he became more willing to participate and in fact, was doing academic work at his grade level.

Michael Weller, A.C.S.W. worked with Mrs. Saiter, Rob's mother, and her friend, Mr. Ray Bolt. Initially this centered around making appropriate plans for Rob, with Mother having difficulty with the idea of placement. Throughout the hospitalization, Rob was antagonistic towards his mother, refusing visits or to talk to her on the phone, but did ride with her to a pre-placement visit at Bradley Center and they appeared to get along.

Towards the end of the hospital stay, Rob was anxious about disposition, voicing a preference to live with his grandmother. A Shelter hearing was held, and possibility of Grandmother's home was raised if an interim placement was needed. However, at the time of discharge it appeared that a direct referral to Bradley Center would be feasible. It was the recommendation of the treatment team at the time of the Diagnostic conference, that Rob be placed in a structured, residential treatment facility, and Bradley

Center would certainly by appropriate. Although Rob showed a significant amount of insight into his problems during the hospitalization, over the last hospital week he stated that he had no problems, should go live with his grandmother, and if he had to go to a group home, would only feel angrier, refusing to engage in their treatment program. However, at the time of discharge after having visited Bradley Center, Rob appeared agreeable to this placement.

Diagnosis

Axis I
1) Atypical Depression
2) Adjustment Disorder with Disturbance of Conduct
3) Parent/child Problems

Prognosis

Poor to guarded with treatment.

Discharge Plan

1) Robert was discharged to the care of CYS. Following the second Shelter hearing, he is to be placed at Bradley Center.

2) Rob appeared to show a favorable response to imipramine 150mg per day. However, because of his increase in anxiety and anger over the last hospital week, it was difficult to assess if this would be his optimal dose. A prescription for imipramine at this dose for two weeks was given. Rob should be reassessed by a psychiatrist within that time, with the consideration that if he is showing more significant depressive symptoms after his adjustment to Bradley Center, the dose could be increased. It should be noted that a follow up EKG revealed a PR interval of .14 seconds, still within the normal range.

Condition on Discharge

Rob was much improved from admission, with a significant decrease in depressive symptoms, but showing anger about the placement process. However, he was agreeable to the idea of placement, stating that he hoped to return to his grandmother's home as soon as he could.

Ronald Glick, M.D.