

## Case Presentation E.F. or “Elena”

Elena was born in January of 2009 and at the time of this case presentation\* is a 13 year old female living with her parents.

### **BIRTH AND DEVELOPMENTAL HISTORY:**

Elena’s mother reports a normal pregnancy with an induced labor including 15 hours on a Pitocin drip. Elena was born with a very noticeable slant to her forehead, had APGAR scores of 9 & 10, and experienced severe jaundice which required a bilirubin blanket (at home) and daily blood tests during the first week. She was bottle fed, weaned at 1 year, and had significant esophageal reflux. Elena hit her developmental milestones early including pulling herself to standing at 4 months, walking at 10 months, and being toilet trained at 24 months.

From infancy Elena startled easily and unexpected movements and noises would trigger a crying fit. She had poor fine and gross motor coordination, held her pencil awkwardly, avoided any task that required fine motor skill, did not learn to ride a bike until she was 10 years old, and avoided sports because of her difficulty with coordination.

Elena had tactile and auditory sensitivities: she refused to brush her hair, wear socks, underwear, or firm material pants, like denim, and she eats foods with only certain textures. Elena was treated in OT from ages 7-8.5 which utilized an integrated listening system program. This required her to wear headphones that transmitted variable frequency sounds designed to calm her, but it was ineffective.

### **MEDICAL HISTORY:**

As a child Elena had frequent upper respiratory infections, ear infections, and had pneumonia one time. Elena had noticeable thermoregulatory issues from a very early age. As a toddler/young child she never felt the cold in the winter and refused to wear jackets or outerwear. She overheated easily with any physical activity or emotional excitement. She complains of feeling cold when in warm ambient temperatures and of being very hot before bed and must have a fan at night in order to feel comfortable. Otherwise, the medical history is unremarkable.

### **HISTORY OF PRESENT ILLNESS:**

Elena’s mother reports dramatic and rapid mood swings, *“from happy and content to starving and inconsolable in zero seconds”*. An early talker, Elena exhibited periods of talking excessively in monologues with an excess of information about topics usually of great interest only to her. She demonstrates obsessive tendencies, gone through intense periods of collecting, demanding entire sets of toys in order to be able to *“play correctly”*. Elena takes it as a personal insult when she is told “no” and argues with adults, often being mean and inappropriate.

Elena is a picky eater and goes in phases eating only certain things such as only eating hot dogs, or at other times only eating sweets such as Oreos.

### **SLEEP DISRUPTIONS:**

As an infant, Elena napped only briefly and would not go to sleep easily. Once set down she would easily startle, become upset, and be unable to return to sleep. Attempts made to set her bedtime at 7:30/8:00, were unsuccessful as she could not settle down to prepare for sleep. At age 2 recurrent night terrors and nightmares were noted and she'd wake as early as 4 am with no interest in or need to fall back to sleep. Elena began to sleep in her parent's bed because she'd repeatedly awaken when placed in her crib. She would sleep for two hours and then wake up and stay awake. At the age of 5 the pediatrician started Elena on melatonin elixir 1 mg, which helps her sleep until about 8 or 9 am.

Elena often had nightmares and dreams of pursuit and abandonment, being chased, held captive, or taken from her parents. Bedtime extended for hours, even with medication, and needed her parents to read to her and stay in her room until she fell asleep or she would become highly agitated. Elena needed a fan because she became "so hot" after lying down, and needed nightlights because she was (and is still) very afraid of the dark.

### **MOOD REGULATION:**

As she aged Elena exhibited abrupt mood changes which grew in intensity and cycled three to four times a day. She experienced elevated moods with bouts of irritability, edginess, tears, and lashing out or extreme giddiness, laughing out loud at nothing in particular, talking excessively, preventing others from interjecting or participating in the conversation, snapping her fingers and making random noises. When denied Elena becomes very irritable and mean, saying things like, *"I'm an awful person"*, or, *"you just don't care about me."* Medication trials have not helped with mood cycling.

### **TEMPER TANTRUMS/AGGRESSIVE BEHAVIOR:**

Elena's mother reports that she had extreme tantrums that could occur anywhere at any time over things as simple as being told "no", being given the "wrong" color cup, or because her clothing felt "funny". At the age of 15 months Elena started to hit her head on the ground during tantrums and they only continued to increase in intensity as she aged. At 18 months, during a tantrum, Elena bit her mother to the point of drawing blood, although she usually only hurt herself.

Disappointment, criticism, and loss often led to a tantrum. Elena interprets any critique as an insult. Her mother reports, *"If she asks for your opinion, she only wants to hear that it is wonderful. If she thinks others are being critical or disapproving, she literally feels attacked."* On her 7th birthday she became so upset that she didn't get one particular item and in reaction destroyed her room and urinated all over the rug. Mom also reports, *"This was the beginning of the really scary side of these episodes. It was as if she was taken over by the devil. I have never seen such rage and fury in someone, let alone an eight year old. Her eyes would turn black and the child I knew was gone and some wild child was in her place."*

Tantrums could last from 20 to 30 to 90 minutes or more. She'd throw things, pull her hair out in clumps, yell and scream at the top of her lungs, and destroy property. She'd dig her nails into

her own body so deeply she'd have half-moon gouges in her skin. She'd hit herself in the head with anything nearby. On one occasion Elena continued to hit her forehead with a thermos until the bottle was pried out of her grip. On another she tried to strangle herself so badly she could barely untwine her fingers from her neck. During these episodes Elena seemed to have enormous strength. She'd exclaim that she *"wanted to die"*, that she *"should just be dead because she is just an awful, awful person"*, ask *"what is the point of being alive when everyone hates me and I hate myself?"*, or *"if someone has to feel this, what is the point of even being alive."* After a tantrum she would usually feel profound sadness, guilt, and remorse while sometimes she'd have zero recollection of the episode. After beginning medication the intensity and duration of these rage episodes reduced, although Elena still has violent aggressive episodes.

#### **FEARFULNESS & ANXIETY:**

Elena began attending a daycare center at age 3 at which time significant separation issues were noted. When her mother left, Elena would cry for her mother and have such severe tantrums that she would be put in a room alone to calm down, sometimes for as long as an hour. She developed an obsessive habit of twirling her hair, became extremely fearful of the teacher, and began having night terrors. Elena's school phobia worsened over the years exhibiting high levels of school refusal. On many days her mother had to physically pull her from the car and leave her crying in her classroom. Since kindergarten Elena has generally only been able to attend school 3-4 days a week.

Elena has higher than usual levels of fear and is cautious about everything. She is described as *"constantly on high alert"* and has pervasive fears of imagined disasters that could *"potentially"* happen. She refuses to stay alone for fear of something happening and being away from her mother.

#### **EXECUTIVE FUNCTION & ATTENTION:**

Elena's organizational ability appears to vary and in self-directed tasks she is able to organize the steps in her mind and begin independently, but she rarely will carry the task through to completion. But, if she is required to do a task that she is uninterested in, unwilling to do, or unsure of, she will not be able to organize how to begin. Elena has unrealistic ideas regarding how long things will take and her room is chronically a mess from projects that are started and left incomplete. Elena struggles with required writing assignments and always has some reason why they are silly or why she can't complete them.

#### **CURRENT EDUCATIONAL PROGRAM:**

Currently, Elena is in the 6th grade in a general education middle school. She has an IEP with extensive accommodations and is monitored by a resource lead. Although, she has not participated in school since March, 2020. While very bright, she has no interest in learning about things she hasn't self-selected.

**FAMILY HISTORY of PSYCHIATRIC ILLNESS and SUBSTANCE ABUSE:**

The family history includes a strong bilinear history of alcoholism as well as a presence of some mood disorders. Including:

Maternal:

- Maternal great-grandfather: Died from alcohol abuse
- Grandfather: Alcoholism, potential undiagnosed OCD
- Mother: Bipolar disorder, depression & anxiety disorder, alcoholism

Paternal:

- Paternal great-grandfather: Alcoholism
- Grandmother: Deceased but suspected bipolar disorder
- Grandfather: Alcoholism
- Father: Bipolar disorder, alcoholism, anxiety

**SUMMATION:**

Now that you've read the clinical case report of Elena, [please follow this link to take a survey on your diagnostic impressions of Elena's case.](#)