

Case Presentation - J.M. or “Joanna”

Joanna was born on January 8th, 2007 and at the time of this case presentation* is a 14 year old female living with her mother, father, and brother in the mid-western United States.

BIRTH AND DEVELOPMENTAL HISTORY:

Joanna’s mother reports an uneventful pregnancy, labor, and delivery. Joanna was bottle-fed and weaned at age one. A pacifier helped to soothe her as an infant and was used until age 4 to manage crying and fussiness. Joanna was not easily startled, had no gross or fine motor skill problems, met all developmental milestones on time, and walked at 9 months. She experienced a speech delay and participated in a speech and language program through 2nd grade.

MEDICAL HISTORY:

Joanna was diagnosed with gastric reflux as an infant. She had frequent upper respiratory infections which typically led to ear infections. She was treated with multiple courses of antibiotics, finally culminating in myringotomy tube placement at age 11 months.

Joanna had noticeable body temperature abnormalities that began in infancy. She always complained of feeling hot, especially before sleep, and for many years needed an ice pack in order to be able to sleep, even during winter.

Subsequent medical history is unremarkable. Periodic lab assays, including thyroid function studies, are unremarkable.

HISTORY OF PRESENT ILLNESS:

Joanna’s mother reports that as an infant she “*refused to sleep*”. She was content only when being held, and as soon as she was put down would cry and remain awake through much of the night. As an infant, Joanna would be put down around 11-11:30pm and awaken between 2-4am. Her mother would give her a bottle to help Joanna go back to sleep, but it was often unsuccessful. The pediatrician prescribed Prevacid at 2 months of age which improved the reflux, but did not lead to improved sleep quality or duration.

At 15 months Joanna began to climb out of her crib nightly. When put back in she would scream incessantly, unable to fall asleep or stay asleep. Beginning at age 3, Joanna was given Benadryl prior to bed which helped her to fall asleep within 2-3 hours. She still required her mother to lie with her until she fell asleep. Any change in her bedtime routine caused sleep-onset to be further delayed.

By age 4 - 5 years Joanna would routinely wake up around 3:30-4am. She always needed her mother to lie with her in order to try to fall back to sleep, which could often take hours. Some nights she would remain awake for the rest of the day, which led to more volatile mood swings.

By age 8 Joanna routinely had pre-bedtime anxiety, and refused to get into bed. To prepare her, her mother would lie with her on the family room couch in total silence and darkness.

The first psychiatrist to evaluate Joanna prescribed clonidine 0.1 mg at bedtime, increasing to 0.3 mg. At age 10, 25 mg of quetiapine (Seroquel) at bedtime was added. On nights this combination of medications doesn’t sedate her, Joanna is given 5 mg of melatonin. Her mother still must lie with her or sit in her bedroom and is only able to leave the room once Joanna has fallen asleep.

Joanna was always described as a very “*hyper*” child who was in a constant state of being “on

the go". Joanna's mother noted that she was always climbing and jumping from very high places. Her energy and activity levels always increased significantly in the evening. Joanna was easily distracted and very fidgety, would rarely sit to watch T.V. or be read to, and would move frequently from one activity to another without completing the first thing she started.

At school Joanna had trouble staying focused and struggled with her academics, but a trial of ritalin 5 mg only made her more hyper. The pediatrician thought her anger and irritability were due to anxiety and at age 6 she started 10mg of fluoxetine (Prozac), however, she remained obstinate and oppositional. Intuniv 1 mg was prescribed, but when increased to 2 mg Joanna exhibited greater anger and irritability.

She never reacted well to limit-setting and anything from being told "no", to a denial of something she wanted, to a consequence would result in a rageful angry outburst. Joanna made significant messes and her mother had to hide markers, nail polish, etc. Getting ready for school in the morning, Joanna will refuse to brush her teeth or get dressed while being angry, irritable, and yelling. Mom reports: *"everything seems to be a battle"*.

MOOD REGULATION:

From a very early age Joanna was generally irritable, often angry, and always had to get her way. As she grew older her mood swings increased in intensity and defiant behaviors became worse. She will follow others around the house yelling and badgering them. Her mood can be very silly and giddy and change quickly to anger and irritability.

Joanna gets into frequent arguments with friends and if a girl says she doesn't want to be her friend any more Joanna will go into a crying fit saying, *"I just want to die, I wish I was not alive ..no one likes me.. everyone hates me."* Joanna often complains of feeling sad, saying, *"I don't know why I feel sad...I just feel like crying."* Her most common phrase is, *"I'm bored!"*. If there is a lull in activity she becomes immediately bored, is unable to be redirected, continues to whine and complain until her mood turns angry, and deteriorates quickly to a "meltdown".

TEMPER TANTRUMS/AGGRESSIVE BEHAVIOR:

From the age of 1 Joanna pushed limits, tested boundaries, and had temper tantrums when she did not get her way or was told "no". When she was very young her pediatrician said she was just being a toddler and was *"strong-willed"*. Her tantrums became more explosive as time went on and everyone in the house walked around on eggshells for fear of setting Joanna into a rage. Her mother reports, *"It seemed like she loved conflict; I could tell her the sky was blue and she would yell at me it was green."* The more she was corrected the angrier Joanna would become. During tantrums Joanna would yell, cry, scream and beg for hours at a time. If her mother left during one of these episodes, Joanna would become so distressed she'd beg her mother to come home, on one occasion even threatening to kill herself if her mother did not return. Once, Joanna's mother tried to ignore the tantrum which escalated to the point that Joanna kicked her foot clean through the kitchen cabinet. Joanna rarely if ever admits fault or takes responsibility for her behaviors or their consequences. She usually blames her mother, however, on rare occasions Joanna does experience remorse and apologizes for her actions.

SEPARATION ANXIETY:

Joanna is described as a risk-taker who never believes she will get injured, and doesn't fear strangers or being alone. Her primary fear is of going to sleep without her mother present and she refuses to spend the night away from her. If her mother will be away Joanna will insist she can not sleep and on one such occasion became so agitated she vomited and demanded her mother come home. On another occasion, after her mother put her to bed, Joanna awoke to find a familiar babysitter with her and she became distraught, screamed and cried and was unable to

go back to sleep, even after her mother's return.

Joanna had a very difficult period adjusting at the start of 5th grade at a new school building, with new peers, and new teachers. Her behavior turned extremely unpredictable and her mother describes it as "scary". Her psychiatrist prescribed Zoloft which by all accounts made her behavior much worse. She cried and refused to go to school, several times every day she had screaming fits which lasted for hours. When Zoloft was discontinued her behavior improved.

EXECUTIVE FUNCTIONS:

Joanna has trouble with organizational skills, frequently has trouble planning ahead, and requires help in order to complete tasks. She can't accurately estimate the time required to complete tasks, and will start large tasks and be unable to finish. Joanna becomes very frustrated when transitioning from one task to another. If she is asked to do more than one task in sequence she easily becomes frustrated, overwhelmed, angry, and insists she is being asked to do too much. Joanna's writing is usually very disorganized and hard to understand, jumping from topic to topic, making it difficult to determine what she is trying to convey.

EDUCATIONAL HISTORY:

Currently in 8th grade at a local public school, Joanna has always been placed in mainstream classes where she has struggled. She has never enjoyed reading, and her reading and writing have always been below grade level. Spelling is a huge factor as well, and it's estimated that roughly 80% of the words she writes are misspelled. In 7th grade she was given several academic accommodations including that tests are to be read aloud to her, and that her homework be reduced.

PEER RELATIONSHIPS:

Peer relationships have often been difficult for Joanna, particularly in 6th grade. Joanna makes friends easily at first, but as time goes on she starts to say and do things that upset her friends and shows high levels of anger and irritability towards them. This leads to the disintegration of those relationships, which causes Joanna tremendous distress. She cries and says she wants to die. She isn't able to take responsibility for the loss of the friendship or admit any wrongdoing.

FAMILY HISTORY OF PSYCHIATRIC & SUBSTANCE ABUSE:

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

Maternal:

- Mother: Depression/Anxiety
- Grandfather: Alcoholism; symptoms of bipolar disorder
- Uncle: Alcoholism

Paternal:

- Father: ADHD; Alcohol abuse
- Grandfather: Alcoholism
- Uncle: Alcoholism (in recovery)
- Twin cousins: Bipolar disorder; one committed suicide

SUMMATION:

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