

Presenting Concerns

Nick is an eleven year old boy presenting with difficult to manage behavior in multiple settings. He disobeys his mother and grandparents and is consistently argumentative regardless of the scenario. He has bouts of temper when he can't get something he wants and will kick and scream and sometimes do mild property damage until his caretakers "give in" and he gets what he wanted in the first place. He is insulting and defiant to the authority figures in his life. His family "walks on eggshells" around him, trying to avoid setting him off in one of these fits of anger.

Risk and Protective Factors

Risk Factors- Nick's father left the family several years ago so Nick does not have a relationship with any type of father figure. He also had no opportunity for closure or understanding. There is a history of clinically significant depression among male members of his family going back several generations. Nick is in danger of being expelled from school, according to his mother. He has been receiving very inconsistent discipline at home, changing methodologies trying "everything". Regardless of the punishment chosen, Nick often ends up getting what he wants. Physical punishment (spanking) has been used and is ineffective leading his mother admittedly to increasing the severity of the spanking. The problem behaviors have been going on now for four years. There is also some degree of financial struggle since Nick's father left the family.

Protective Factors- Nick has a mother and grandparents who care very much for him. He is now going to receive professional help. Despite his family's financial situation he has a stable, safe place to live.

Case Formulation

Lifespan Concerns-

Erikson's theory of psychosocial development has Nick in the industry vs inferiority stage. This is a time where children learn to master new skills and gain a sense of general competence. School is very important at this age. Nick is possibly on the verge of being expelled from his school and has not engaged with it. Most of his energy seems to be invested in acting out. The developmental task of exploration of different roles and skills has not happened, leaving Nick unprepared to enter adolescence and engage in healthy identity development.

Even Freud's psychosexual stages of development see the stage Nick is in (Latency) as a time free from sexual concerns and drama where the child can explore, discovering values and developing social skills outside the family. Nick has not done these things. As he next enters the phallic stage where pursuing relationships with the potential romantic partners begins, Nick will likely not be ready in many ways.

Cultural Factors-

Gender-Presumed to be male, but will need to confirm upon interview. Most impulse control and conduct disorders are at least slightly more prevalent among males (American Psychiatric Association, 2013). Boys have been found more likely to show chronic conduct problems with psychopathic traits. Males also have fewer comorbid internalizing disorders as compared to females. Males are also more likely to use direct rather than indirect aggression (Fanti, 2013).

Socioeconomic Status- After Nick's father left, his mother used their small savings to try to keep their apartment, but once that ran out they moved in with Nick's grandparents. Before Nick's

father left, they were more financially secure, but no specific information about the family's SES is given. Lower SES has been associated with antisocial behavior as reported by parents and teachers. Mixed-type behaviors are seen more with lower SES as opposed to primarily aggressive or non-aggressive behaviors (Piotrwska et al, 2015).

Physical Health/Ability- No physical or health issues have been reported for Nick. Conduct problems are seen more often with children in special schools as opposed to mainstream schools when motor disabilities such as Cerebral Palsy or Spina Bifida are involved (Hendi et al, 2018).

Intellectual Disability- No ID was mentioned with Nick. Doing some testing is something to consider. He did have an uncomplicated birth and reached all early developmental milestones as expected. Behavior issues are not uncommon in children with ID. Agitation and aggression to oneself and others are most often seen (Ageranioti-Belanger et al, 2012).

Sexual Orientation- Not mentioned and unsure if Nick has begun to explore this part of his identity at this time. Young people who have not yet achieved identity integration around their sexual orientation can have conduct issues as well as anxiety and depression. Struggles with mental illness do not seem to be related to the age at which they became aware of their sexuality (Rosario, Schrimshaw, & Hunter, 2011).

Religious/Spiritual Identity- It is known that he at least used to attend some sort of church services as his mom stated she is too embarrassed to take Nick to church anymore due to his behavior. Would be good to explore what, if anything, religion means to Nick. There are three styles of religious coping. Self-Directing, where people feel a higher power has given them all that is needed to solve their own problems. The Deferring stance has one believing a higher power will solve all of their difficulties for them. The Collaborative approach visualizes a

cooperative relationship between the higher power and the individual to solve problems. The first two positions are risk factors for conduct disorders in teens. The Collaborative approach is neither a risk nor a protective factor for conduct problems (Molock & Barksdale, 2013).

Age- Nick is eleven years old. Research commonly finds that those with early conduct problems are at risk in all areas of adult functioning. Children with conduct problems don't integrate into institutions like school which leaves them poorly prepared for employment. They also tend to make antisocial friends if they make friends at all. They lose many chances for positive socialization which is so necessary to become a well-adjusted adult (Wertz et al, 2018).

Race/Ethnicity- Unknown. A risk factor for black and latinx children is there is often a lack of access to care. A protective factor for these same populations, however, is they tend to have close family ties. When receiving psychiatric help for their children, our societies biases often lead to overdiagnosing Conduct Disorder in these groups (Ghandour et al, 2018).

Diagnostic Impression

Oppositional Defiant Disorder 313.81

Severity to be determined after obtaining more information about school behavior

- A. A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms from any of the following categories, and exhibited with at least one individual who is not a sibling.
1. Often loses temper-MET. Nick's family is always trying to keep from provoking an angry mood due to the consequences of that mood.
 2. Is often touchy or easily annoyed- MET. Even when taken out for pizza Nick is often annoyed and angry when things don't go exactly his way.

3. Is often angry and resentful- **MET- Nick becomes resentful and angry whenever he is told to do something he does not want to do.**
 4. Often argues with authority figures/adults- **MET- It is nearly impossible to tell Nick to do anything (go to bed, brush teeth, etc.) without an argument**
 5. Often actively defies or refuses to comply with requests from authority figures or with rules-**MET- Nick refuses to go to bed when asked, often falling asleep in front of the television.**
 6. Often deliberately annoys others- **MET- Nick disturbs his mother by making loud clicking sounds while she is on the phone.**
 7. Often blames others for his or her mistakes or misbehavior- **UNKNOWN- Not mentioned in case history.**
 8. Has been spiteful or vindictive at least twice in the past six months.- **UNKNOWN- Nick has spiteful episodes such as pouring milk all over his sandwich and the table when his mother told him he had to eat half of it to get dessert. How many episodes occurred in the last six months, however, is unknown.**
- B. The disturbance in behavior is associated with distress in the individual or others in his or her immediate social context or it impacts negatively on social, educational, occupational, or other important areas of functioning- **MET- Nick's behavior is causing his family severe distress and his mother mentioned he might be expelled from school.**
- C. The behaviors do not occur exclusively during the course of a psychotic, substance abuse, depressive, or bipolar disorder. Also, the criteria are not met for disruptive mood dysregulation disorder- **MET-**

A Second Possible Diagnosis- More Information Needed

312.89 Conduct Disorder with Unspecified Onset

Out of the 15 criteria for behaviors seen with Conduct Disorder, Nick meets three:

Often bullies, threatens, or intimidates others- he is verbally abusive on occasion with his family

Has been physically cruel to people- he has hit and kicked people when they try to interfere with his “tantrums”

Has deliberately destroyed others’ property- he has pulled down curtains and toppled furniture in his home.

He might also qualify for the “With limited prosocial emotions” specifier

Without more information, it would be difficult to diagnose Nick with Conduct Disorder, although some of his behaviors seem a bit severe for ODD. His mother also states she feels there are no emotions involved with his tantrums, that they are more of a manipulative act, which is less characteristic of ODD and more of Conduct Disorder. It seems like Nick is right on the border of each of these diagnoses and perhaps would qualify for both.

Additional Information Needed

I would like to know more about Nick’s school behavior to clarify the number of settings in which this behavior occurs.

I would need more details about timing- how long ago did some of these episodes occur?
How long have specific behaviors been going on?

To determine the presence of Conduct Disorder, I would need more details about his physically hurting people and destroying property to gauge severity, plus ask questions about particular behaviors to get more detail, once again to decide if an additional or sole diagnosis of Conduct Disorder would be warranted.

Treatment Plan

Goal #1- To help Nick's mother to feel more confident and be more effective in discipline with Nick

Objective #1- Nick's mother will attend a psychoeducational/support group for parents of children with behavioral disorders once a week, starting this Thursday evening.

Objective #2- Nick's mother will work with the counselor to design a "token economy" type system with Nick to reward good behavioral choices. An appointment has been set up next week to do this.

Goal #2- Nick will learn about more effective ways to ask for what he wants and needs. He will come up with three ideas on his own by next week.

Objective #1- Nick will begin weekly individual therapy starting next week to focus on learning skills and processing the loss of his father.

Objective #2- Nick will attend an afterschool program three days a week starting next week for two hours each day that focuses on social skills, communication skills, and improved executive functioning

References

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