

Case 2. 16 year old Gabe discharged from residential treatment to a foster home, with one month supply of medications (Risperdal and Adderall XR); diagnoses include: adjustment disorder, ADHD; does not have any mental health follow-up. Was failing school when entered residential but did better as year wore on. Behind educationally—at 9th grade level.

History per Gabe: Minimal, doesn't want to be here.

History per foster mother: Not yet in school as needs health form completed. Has been in home for a week and spends most of time in his room. When in rest of home," has his music in his ears". Foster mother has meds in a plastic bag in case we wanted to see them.

Now What?

Approaches with the Recalcitrant Teen:

A very specific compliment. Or something that is probably close to accurate.

"I am sure you don't want to be here today."

"I see a lot of teen-agers who have been through a lot in their lives, usually through no fault of their own."

"I know you probably don't feel like talking with me, but I would like to see if there is any way in which I can be helpful to you today."

"That's a lot of medicine. Can you help me understand whether some or all of these are helping you—or not."

History per Gabe:

Thinks he is in care because his family could not handle his behaviors. He was truant from school or suspended a lot and got arrested once for stealing something. They didn't like his friends who were mostly into drugs and not going to school. He has been on Adderall XR for years, and before that some other medicines to help his inattention and hyperactivity. School is boring for him. The Risperdal was to help him with his anger problems. He used to hit other kids or adults when he got angry. He is still angry but doesn't get so upset anymore. He does admit to feeling sad a lot, not having any fun. He sleeps a lot. He has gained some weight on the Risperdal but he used to have trouble gaining weight on the Adderall XR. So overall he is happy with his weight gain.

Before foster care he lived with his mom and a succession of her boyfriends. He lived with his dad, a known alcoholic, briefly but left after a bad physical fight. The person in his family he feels most attached to is his maternal grandmother and he is worried because she is getting older and has some health problems.

He has two older siblings, one of whom is in jail. His sister is pregnant and he does not like her boyfriend.

"My mom, she is crazy man."

Foster home: "alright" "I stay to myself."

Future plans: shrugs.

What are we going to do?

Vital signs, growth, Physical Examination: Normal

Trauma screen: ACE: neglect, exposure to DV, parents split up, physical abuse, emotional abuse, maternal MH issues, father an alcoholic. >4.

Gabe did agree to fill out a Child Behavior Checklist. You learn that he likes basketball and video games and likes to work with his hands. He views himself as kind, helpful and cooperative except when he gets upset. He worries a lot about his family, himself and his future. He has a good sense of humor. He scores in the clinical range on Internalizing and Externalizing symptoms and total problems. He has no activities, no real friends and scores below average on social skills and activities.

Mental Health Referral. Discuss that can refill meds but probably needs to see a real mental health person to help determine when can come off medications. He reluctantly agrees. Does he need trauma-focused CBT, Interpersonal therapy for Adolescent?

Medications: Refill for now, have him return in a month. Does he need an anti-depressant?

Labwork: needs because he is new to care and is on Risperdal.

Visitation: None. He does not want to visit his parents. Might be interested in seeing his sister.

Discussion with caseworker:

Normalizing activities, visitation with sister, mental health referral, Learning evaluation.