

Mental Health Service

Academic Child Psychiatry Unit

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Date

BRIEF CLINICAL RESEARCH ASSESSMENT SUMMARY

Referrer Details

**RE: Name Joe Citizen - DOB xxxxxx (Age xx years)
Address - Ph**

This ten year old primary school student was referred for the assessment of his extreme oppositional behaviour since the age of three years. Joe was assessed in a standardised manner within the Academic Child Psychiatry Unit. The results of this assessment are outlined below.

Joe reported separation anxiety disorder, social phobia, dysthymic disorder, major depressive disorder and ADHD inattentive type symptoms all being at a clinical level of severity. Joe's parent reported social phobia, generalized anxiety disorder, dysthymic disorder, ADHD of combined type and oppositional defiant patterns of behaviour all being within the clinical range. From a dimensional perspective, Joe's parent and teacher reported both internalizing and externalizing difficulties being at a clinical level of severity, in particular, aggressive difficulties, social withdrawal, attention difficulties, anxious depressed difficulties and thought problems. Joe reported total anxiety and social concerns being at a clinical level of severity. Joe's self-report of depressive disorder symptoms was not in the clinical range. From a temperamental perspective, within the first year of life, Joe was noted to have an increased activity level, poorly developed routines, strong withdrawal from new situations, poor adaptiveness to new situations, intense reactions to new stimuli and a reduced attention span. His speech, language and motor development were within normal limits. Current neurological subtle signs examination revealed moderate severity upper limb and mild lower limb coordination difficulties. Cognitive assessment revealed an average full scale IQ, average verbal comprehension index and above average perceptual reasoning index with a significant verbal is to visuospatial IQ disparity. Reading was at the 77th percentile, spelling at 55th percentile and arithmetic at the 37th percentile indicating no significant language learning difficulties. Assessment of higher order executive function revealed adequate spatial span, evidence of spatial working memory difficulties and evidence of visuospatial memory encoding difficulties. Joe's parent reported significant symptoms associated with managing him, in particular, obsessive compulsiveness, depression, anxiety and interpersonal sensitivity. Family functioning was reported within the normal range, although role definition difficulties were noted to be in the clinical range.

In summary, Joe presents as a ten year old primary school age student with significant oppositional defiant patterns of behaviour driven by ADHD of combined type symptoms and associated dysthymic disorder symptoms with current anxiety difficulties. These difficulties have arisen in the context of a significant temperamental vulnerability, significant fine and gross motor coordination difficulties, significant verbal is to visuospatial IQ disparity, spatial working memory difficulties and visuospatial memory encoding difficulties. Significant parental symptoms were reported associated with managing Joe indicating that the home environment is not as resilience building as it could be. In particular, role definition difficulties within the family unit are a current issue. I would recommend that Joe be considered for a trial of intensive parent child dyadic psychotherapy and individual psychotherapy to aid a decrease in the intensity and frequency of his oppositional defiant patterns of behaviour associated with his dysthymic disorder and ADHD of combined type symptoms. From a medication perspective, a trial of dexamphetamine, a half to one tablet orally mane pc and half to one tablet orally midday pc to aid his planning and organizing abilities and his response inhibition can be considered. In addition, a trial of fluoxetine 10-20 mg orally mane pc or clonidine, a quarter to a half tablet (25-50 micrograms) orally from once through to four times a day to aid his motor drivenness, impulsiveness and arousal regulation can be considered. Joe will be reviewed annually by the Academic Child Psychiatry Unit as part of its function.

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