



Case Presentation Form

Presenting Provider Name: Roy Van Tassell

Presentation Date: 5/28/2020

Patient Biological Gender: M **Patient Age:** 8

Race: Multi-racial Other **Ethnicity:** Not Hispanic/Latino

Topics to discuss/areas of concern:

Client Identifier "CB" 8.5yr old bi-racial male.

Child referred after evaluation at Child Advocacy Center in KS for trauma / abuse focused treatment Referred from CAC to community provider trained in TF-CBT. Came to that OP treatment initially with paternal grand mother, child had been temporarily placed with her while abuse alligations investigated against mother's brother.

Child was later returned to mother who now participates in treatment. Returned to mom (AKA Ann) after initial investigation, and return was expedited since child's father (AKA Damon) was being released from jail (history of substance use) and would be returning to his mother's (Pat. grand mother's) home. Parents are divorced but cooperating r/t child's care

Mother reports some some anger, mostly verbal directed at her since re-unified. Seems more anxious at being separated from her but defiant with her at times. She admits to having a hard time being "firm" with him after "what he has been through". Teacher reported at times appears tired, with frequent trouble concentrating, being intrusive with others, yells and has had some verbal conflcit with peers, easily overwhelmed by stressors. At times seems distracted, or indifferent to direction. None of these behaviors reported by previous teachers who know him at school. Reportedly grade performance has dropped somewhat since last year particularly in math and reading.

Pertinent Medical History: N/A

Diagnosis: No reported concerns, history of ear infections, possibly some minor delays in early speech development that have since resolved.



Case Presentation Form

Psychiatric History: (Age of first mental health contact, Past Diagnoses, History of self-harming behaviors or suicide attempts, etc.) PTSD some dissociative symptoms (de-realization -but not enough to meet modifier criteria)

R/O: Adjustment Disorder, GAD, and Maj. Depression

Some previous history of anxiety, regressive behavior, and clinginess related to a time when CB had chronic ear infections and eventually had tubes placed in ears.

Child referred after evaluation at Child Advocacy Center in KS for trauma / abuse focused treatment after substantiated sexual abuse.

Client CB is having trouble with sleep, problems with appetite, episodes of uncontrollable crying, sadness, and significant anxiety and slight wt. loss (mostly failing to gain wt. based on age/dev). CB completed Trauma Symptom Checklist (TSCC), scores indicative of anxiety, depression and PTSD, mother and CB also completed Child and Adolescent Trauma Screens (CATS) screen (CB =28, Mom =33) (indicative of mod. PTSD).

Child is highly avoidant reluctant to discuss any aspect of his abuse. Other stressors, exposure to father's substance abuse and behavior, some report of multiple episodes of hostility between parents (no inter-partner violence reported), separation from father (incarcerated) and separation from mother for two-three weeks during investigation. During that time his dog ran away and has not since been located.

Medication summary: None at this time and only history in past related to ear aches and allergy and congestion

Trauma History: (Age of significant traumas and brief summary)

CB's uncle (Mother's brother) was initially reported to DCF due to bruises on his daughter, disclosure of CSA to CB was coincidentally reported during that investigation (no details known).

Allegations of sexual abuse by maternal uncle (substantiated by DCF), exposure to father's substance abuse and related behaviors, reports of hostility between parents (no inter-partner physical violence reported), separation from father (incarcerated) and separation from mother for two-three weeks while placed with paternal grandmother during investigation.

Other: Mother discloses own hx. of child sexual abuse by her bio-father and she is mostly estranged from her family. Mother reports her abuse was not believed and she never received treatment, has now been referred for individual services. Her brother "saught out" CB to help mom after her husband was incarcerated, befriended then allegedly sexually abused CB on a number of occasions over 6-8 mo period. Child referred after evaluation at Child Advocacy Center in KS for trauma / abuse focused treatment



Case Presentation Form

Social History: (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

Has lived with bio parents until age 5.5. Father in and out over 18 months or so before divorce related to substance abuse history and legal issues. Father incarcerated when CB was almost 7 and parents divorced around that time. Not close to anyone on mother's side of family (was close to mat. uncle and female cousin until abuse reported). No family contacts on mom's side. Paternal grand mother lives in adjacent community saw intermittently, moderately close relationship until he was temporarily placed with her during investigation. Bio dad is now aware of abuse and he and his mother are supportive of CB and his mother. Father has as yet not participated directly in treatment services.

Pertinent Lab Work: N/A

Summary of recent Urine Toxicology (if applicable): N/A

Substance Use History, if applicable: (For each relevant substance include age at first use, age where use became problematic/regular, longest period of sobriety (Including what how patient maintained sobriety) and most recent pattern of use.)

Only history of exposure to father's poly-substance abuse