

## Youth Case Scenario

Blair is a 14-year-old female presenting to Laurel Heights Residential Treatment Center for Medically Monitored Residential Services (Level 5). Blair was brought in by her mother and stepfather as she has continued to escalate, and they feel she needs stabilization. Blair is expressing self-harm with a plan to take an overdose of “pills” and feels life is not worth living and she would be better off if she could join her father who died six months ago in an accident while working. She was remarkably close to him and misses him. Blair states she will not harm herself while in the facility but cannot guarantee safety if she were sent home at this time.

Blair’s reports being happy even when her parents divorced as she would see her father regularly even though she lived with her mother. Blair reports a change in her behavior when her mother started dating her now stepfather as she does not like him, and things worsened as she feels like he is an outsider, and she does not respect him and just wants her father back. Blair’s father was an alcoholic and his continued drinking was one of the reasons her parents divorced approximately five years ago. Blair is an only child. Blair was diagnosed with Asthma as a child and uses an Albuterol inhaler as needed. Blair noted with her current stress level, she has had an increase in her Asthma attacks. Blair has become truant with school, failing grades and has been staying out late and hanging out with a questionable crowd who is not Blair’s usual friend group. Blair has experimented with alcohol and drugs and knows this is risky behavior as she sees what alcohol did to her father. Blair recently had an argument with her stepfather and ran away from home and came home within 24 hours. She told her mother “I had to get out of here and he can’t tell me what to do and he cannot replace my father.” Blair’s impulsivity has increased, and her mother feels if she does not get help, she could lose her.

Blair has been seeing a therapist on an Outpatient basis since her father passed away and she feels it has been helpful, but it is not enough. Blair also attended a grief group but did not like the feel of it and felt it just made her think of her father not being here even more. Blair also reports depression and was wanting to take an antidepressant, but her mother was ambivalent of her being on psychotropic medications.

Currently the facility is requesting an initial 14 days of Medically Monitored Residential Services (Level 5) for stabilization and to initiate the care environment, provide medication evaluation, individual, group and family therapies as well as referrals to community resources at discharge including case management and peer support services. The estimated length of stay is 30 days with a stepdown to a Partial Hospitalization program.

## **Applying the CALOCUS/CASII Dimensions**

### **Risk of Harm**

Blair is experiencing significant current suicidal ideation with intent and plan, with an ability to contract for safety and conduct a safety plan. Blair reports incidents of acting without thinking (impulsivity) and is physically aggressive at times toward authority figures. She has also run away from home a few times since her mother's remarriage. Blair reports bingeing on alcohol at times and realizes it puts her in greater risk since her biological father was an alcoholic. At times Blair regresses since her father's death and puts her safety at risk by staying out all night and hanging around with a questionable group of friends.

### **Functional Status**

Blair has a troubled relationship with her mother and stepfather as she continues to struggle with the death of her father six months ago. Blair has been truant from school and is currently on disciplinary action at school and is at risk for placement in an alternative school program. Blair's relationship with her mother has deteriorated since the remarriage and feels she focuses on her new husband instead of Blair. She has deficits in her interpersonal relationships and is currently unable to maintain her responsibilities at home.

### **Co-Morbidity: Developmental, Medical, Substance Use and Psychiatric**

Blair was diagnosed with Asthma as a child and uses an Albuterol inhaler as needed when she feels an asthma attack coming on and her current stressors have exacerbated her Asthma and she is monitored by her Primary Care Physician closely.

### **Recovery Environment (Environmental Stress)**

Blair feels her family has been disruptive since her mother's remarriage and her dealing with the death of her father. Blair is also in danger of being placed in an alternative school situation due to truancy, disrespect of her teachers and other authority figures. Blair feels that seeing her Outpatient therapist is not enough. Blair is also feeling some peer pressure to use drugs and stay out all night with her new friends and this has increased conflict with her mother and stepfather.

### **Recovery Environment (Environmental Support)**

Blair's mother and stepfather have limited ability to respond appropriately to her needs as she does not listen to them and says she would be better off dead. They have sought community resources such as a grief group for Blair, but she has only attended a few times. Blair also sees a therapist and enjoys going but feels her symptoms have worsened since her mother's remarriage. Blair is resistant to anything her stepfather says and feels he is trying to take the place of her father and has caused conflict within the home and Blair's running away.

## **Resiliency and Treatment History**

Blair is vulnerable and under a great deal of stress and is impulsive and is making poor life choices. Seeing her Outpatient therapist has not achieved complete remission of her symptoms or optimal control of symptoms. Life changes (mother's remarriage) have created turmoil and sustained distress for Blair, and she has difficulty in learning how to deal with life changes and transitions.

### **Treatment Acceptance and Engagement (Child/Adolescent Subscale)**

Blair acknowledges existence of a problem but is resistant to accept even limited age-appropriate responsibility for consequences of the problem, but she is willing to try. Blair minimizes and rationalizes distressing behaviors and consequences. She is also unable to accept her mother and stepfather's definition of the problem and its consequences.

### **Treatment Acceptance and Engagement (Parent/Caretaker Subscale)**

Blair's mother can define what she feels is going on with Blair but is uncertain how to be a part of the development of a treatment plan for her without alienating Blair. She is willing to participate in Blair's treatment but is uncertain how involved her stepfather will be in treatment, even though he is one of Blair's main triggers. Blair's mother is willing to attend aftercare appointments and foster a relationship with clinicians and other care providers for Blair.

### **Clinical Rationale:**

Based on the clinical information provided, Blair meets criteria for CALOCUS/CASII Service Intensity Level 5 Medically Monitored Residence Based Services due to suicidal ideation with plan and inability to care for herself requiring 24-hour supervision due to current symptoms. The Provider will provide interventions to address the participant's current symptoms/chronic conditions/barriers including psychotherapy, medication, and patient education to ensure Blair's needs have been fully addressed. She will transition to CALOCUS/CASII Service Intensity Level 3 – High Intensity Community Based Services (Partial Hospitalization). Blair will learn new skills for a successful transition to a stable recovery-positive lifestyle to maintain community tenure.