

02/03/2023 - Office Visit in Psychiatry and Behavioral Health at DHMC**Clinical Notes (Abstract)****Progress Notes**

John, Rebecca, DO at 2/3/2023 0930

**PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES
(CPT 90792)****D-H Child and Adolescent Psychiatry Clinic
2/3/2023**

Patient Name: Leila Flanagan
DOB: 6/4/2009
Age: 13 y.o. 7 m.o.
Address: STOWE VT 05672
Guardian: Mother - Nancy

Primary Care Provider: Andrea B Tidman, MD
Referring Provider: Andrea B Tidman, M.D. at Richmond Pediatrics in Richmond, Vermont
Reason for Referral: Anxiety

Attendees: Patient
mother

Visit Location: Office

Additional Information Sources: EMR, PCP notes and Completed Intake Packet

For mental health emergencies, call 988 from anywhere in the United States.

State specific information for NH and VT crisis services are as follows and should be used to access local resources:

Regional Mental Health Crises Services**NEW HAMPSHIRE****NH Crisis Line** text or call 1-833-710-6477Visit www.NH988.com for further information**VERMONT**

Call your local community crisis line at:

Addison: Counseling Service of Addison County 802-388-7641

Bennington: United Counseling Services 802-442-5491

Caledonia: NKHS 802-748-3181

Chittenden: Howard Center 802-488-7777

Essex: NKHS 802-334-674

Franklin and Grand Isle: Northwestern Counseling and Support
802-524-6554

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Lamoille: Lamoille County Mental Health 802-888-5026 on weekdays 8AM-4:30PM and 802-888-8888 on nights and weekends

Orange: Clara Martin Center 1-800-639-6360

Orleans: NKHS 802-334-6744

Rutland: Rutland MH Services 802-775-1000

Washington: Washington County MH Services, 802-229-0591

Windham: HCRS 1-800-622-4235

Windsor: HCRS 1-800-622-4235

or

Text VT to 741741

HISTORY OF PRESENT ILLNESS

Leila Flanagan is a 13-year old female with past psychiatric history of Anxiety, Adjustment Disorder with anxiety, and Mixed obsessional thoughts, who presented in person for initial psychiatric evaluation with her mother, Nancy, after being referred by her primary care provider, Dr. Andrea Tidman, for anxiety.

Leila reports that she has "really bad OCD and anxiety." She reports that she has never been formally diagnosed with Obsessive Compulsive Disorder, but feels that she has symptoms consistent with this diagnosis. She notes that she can sometimes get depressed as a result of her OCD and anxiety.

In regards to Obsessive Compulsive Disorder, she reports feeling like she needs to do things for a certain feeling to go away. For example, if she is sitting down, she will need to touch her knee or confess things to her mother. She feels that this is annoying and that she can not stop thinking about those thoughts. She will sometimes feel like she needs to blink her eyes a certain number of times. She reports that the total amount of time that it takes to do these activities is more than one hour per day. She reports that she started having thoughts when she was in 3rd grade that went away in 5th grade. The feelings returned last year. She will need to repeat things in her head or do things to relieve the anxiety that builds up. For example, she will need to spin a certain way to get a thought to stop. She will sometimes feel like she needs to do things two or three times (i.e. redo a math problem even if it is right). She will ask for reassurance from her mother frequently.

Nancy reports that she agrees with Leila's concerns. She feels that things have worsened over time. She notes that she and Leila's father divorced when Leila was 2.5 years old and that symptoms started with this change. She was initially spending equal time between both parents' home. Leila started to refuse going to her father's home around April/May of 2022, which has been stressful for Leila. Leila reports that her relationship changed with her father after he did not believe her reports about how her step-mother was treating her. Leila would like to go to family counseling with her father, but her father has not been consistently attending. Nancy reports that Leila loves school, but will get nervous and sick in the mornings. During the school day, she will sometimes go to the nurse due to feeling sick.

Leila reports that her mood right now is "a little anxious." She reports that her mood is "mostly good, but there will always be some things that make me anxious."

Leila reports that her sleep has been pretty good. She endorses benefit with Melatonin. She goes to bed around 8:30pm on school nights and 9pm on weekends. It will take between 5 minutes to an hour to fall asleep depending on if she has something stressful that has been going on. She sleeps throughout the night. She has nightmares a few times every couple of weeks. She reports that the nightmares are sometimes random and are sometimes related to her dad. She reports that her dreams are vivid. She wakes up at 7am on school days and 8-9:30am on weekends. She reports that she gets a good amount of sleep, but can still sometimes feel tired.

Leila reports that her appetite has been good. Her appetite can be dependent on how anxious she is.

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Leila denies current feelings of depression. She reports that in the past, she has gone up to a week when she would feel sad and not want to go out with her friends. The last time that this happened was a couple of weeks ago. Leila reports that she was going through stuff with her dad and having anxiety about school at that time. She denies feelings of anhedonia. She denies feelings of worthlessness. She reports that her concentration has been good and that she is able to do her classwork. At home, she has noticed that she will get distracted and feel anxious.

Leila endorses current feelings of anxiety rated as 6/10. She reports that her baseline anxiety is a 4/10. She reports that she gets anxious about her dad, things that she needs to do for school, and "anything." She feels that she is typically anxious for about half of the day every day. She feels "completely free" only when she is on a stage acting. Nancy agrees that Leila can be anxious about multiple different things.

Leila denies any current visual or auditory hallucinations.

Leila denies any current safety concerns. She denies any current suicidal or homicidal ideations, plans, or intents.

She endorses abdominal discomfort and diarrhea that she believes is secondary to anxiety. Leila reports that she initially had headaches after she had started taking Sertraline, but denies any current medication side effects.

Leila will pick at her fingernails, toenails, and at "little bumps on my head." She denies any self-harming behaviors. She will use slime to keep her hands distracted.

Leila denies having issues with hyperactivity.

Leila reports that she has friends that she gets along with.

She reports that she will have a panic attack possibly once a month and reports that these are "minor."

She reports that a couple of months ago, she had a tendency of making a noise over and over again. This was not consistent in frequency. However, she noticed that she made a noise a few times again last night, but denies any recent observation of needing to make consistent or frequent noises.

History taking covered symptoms of sustained depressed and irritable mood, manic symptoms, temper outbursts, anxiety, obsessions/compulsions, disordered eating, enuresis, encopresis, abnormal and involuntary movements, psychosis, and sleep disturbance. No symptoms were endorsed other than those noted in this HPI.

Current psychiatric medications: - Sertraline 75mg PO daily for anxiety
- Melatonin 1mg PO daily at bedtime for sleep

(Dose, duration, efficacy, side effects)

Compliance with medications: Compliant all of the time

Psychiatric Med Prescriber: Gynecologist: Dr. Jane Conolly at Vermont
Gynecology

Therapist/Support Team: Dr. Rebecca Ruid at University of Vermont
Medical Center

Review of Systems
Constitutional: Negative.
HENT: Negative.

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Eyes: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Positive for diarrhea.

Abdominal discomfort

Genitourinary: Negative.

Neurological: Negative.

Psychiatric/Behavioral:

Anxiety, obsessions/compulsions**Screening Assessments:**

Screening assessments completed and reviewed. Summary scores are listed at the end of the note.

RELEVANT PAST DEVELOPMENT, MEDICAL, and PSYCHIATRIC HISTORY**Birth and Developmental History:**

Born at 38 weeks gestation via vaginal delivery. Mother had preeclampsia treated with magnesium sulfate. Birth weight was 7 pounds and 6 ounces. Received prenatal care. In vitro fertilization. No other complications with pregnancy or delivery. No exposure to alcohol, tobacco, or illicit substances. Developmental milestones were met on time.

Relevant Medical History:

Had +ANA in Spring of 2022. Had enlarged spleen and liver at the time. Was previously found to have low ferritin and is currently taking iron. Had been diagnosed with costochondritis in the past.

Had one concussion after getting hit in the head with a basketball in the Spring of 2022, no loss consciousness.

Receives physical therapy for pelvic floor dysfunction, sees gynecology for persistent genital arousal disorder, symptoms started around 11 years old.

Denies any other known medical history, including cardiac issues, asthma, known issues with thyroid, or history of seizures.

Relevant Surgical History:

No prior surgeries.

Prior Psychiatric Hospitalization(s):

No prior psychiatric hospitalization.

Suicide Attempt(s):

No history of suicide attempt.

Self-Injurious Behavior:

Reports self-picking at fingernails, toenails, and scalp. Denies any intentional self-harming behaviors.

Past Psychiatric Treatment:

Has never seen a psychiatrist before.

Has been diagnosed with Adjustment disorder with anxiety, Anxiety, and Mixed obsessional thoughts and acts by a psychologist

Current therapist: Rebecca Ruid, Ph.D. at University of Vermont Medical Center, has been seeing since she was 11 years old

Has had multiple therapists, started seeing therapists around 3 or 4 years old after parents got divorced

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Clinical Notes (Abstract) (continued)
Past Medication Trials:

Medication:	Date:	Duration:	Max dose:	Duration @ Max dose:	Comments (including side effects):
Sertraline	Started 6/30/22				Feels benefit, increased from 50mg PO daily to 75mg PO daily around November of 2022
Melatonin	Started around Summer of 2022				Helps with falling asleep and staying asleep

Substance Use:

No substance use history.

SOCIAL HISTORY and SOCIAL DETERMINANTS OF HEALTH
Family Profile & Living Situation:

Lives in STOWE VT 05672 with her mother (Nancy).

Sees biological father once every few weeks. Parents separated when Leila was 2.5 years old. Has a step-mother and two half-siblings (6 years old and 2 years old).

School History:

Current School: Stowe Middle School

Grade (2022-2023 academic year): 8th grade

504/IEP: No 504 or Individualized Education Plan. **Has an educational support team plan** to help with anxiety.

Last year, she missed 30 days of school due to doctor appointments and feeling sick.

Additional Social History:

Hobbies include: acting, basketball, field hockey, and skiing

Reports having good peer relationships

Jobs: babysits and dogsits

No current DCYF involvement

Social factors that may impact diagnosis and/or treatment: None identified

Trauma/Abuse History and Significant Life Stressors:

Reports having previous emotional abuse from father and step-mother. Reports that step-mother had previously pushed her. DCYF reports were made, but there was no official case. Denies any other additional previous or current trauma/abuse history, including sexual, physical, verbal, or emotional abuse.

BIOLOGICAL FAMILY HISTORY

Review of extended family history included: mood disorders, schizophrenia/psychosis, attention problems, substance use disorders, completed suicides, sudden explained deaths, cardiac disease, seizures, and diabetes.

Family history was notable for the following:

No family history on file.

Family psychiatric history:

Mother - Generalized Anxiety Disorder, taking Sertraline with good benefit

Maternal cousin - Obsessive Compulsive Disorder, anxiety

Maternal aunt #1 - Anxiety, taking Sertraline

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Maternal aunt #2 - Anxiety, taking Sertraline

Father - alcoholic

Suspected mood disorder with paternal cousin

No other known family psychiatric history. No attempted or completed suicides in the family.

Family medical history:

Maternal aunt - colon cancer

Paternal grandfather - heart attack in 40s, cancer, diabetes, hypertension

Maternal grandmother - died of Alzheimer's disease

Multiple family members on maternal side with Alzheimer's disease

Maternal uncle - cardiac issues, enlarged aorta

Father - hypertension

Maternal grandfather - emphysema, Chronic Obstructive Pulmonary Disease, believes he died of a stroke

Maternal great-grandmother suspected of dying of a stroke

Another maternal great-grandmother died in her 30s, unclear etiology

No other sudden unexplained deaths in the family.

EXAMINATION**Vitals:**

Height: 166.5 centimeters (5.46 feet)

Weight: 139 pounds

Physical Exam:

No tics, tremors, or abnormal movements noted during interview.

Mental Status Exam:

MENTAL STATUS EXAM:

Appearance:

The patient appears the stated age.

The patient is casually dressed.

Well-groomed (neat and clean).

comments: Appears to be of average build

Behavior:

The patient is cooperative with the interview.

Calm.

Good eye contact.

Speech:

Speech is within normal limits, characterized by a normal rate, rhythm, volume, and prosody.

Language:

The patient speaks fluent English.

Mood:

comments: "a little anxious"

Affect:

Affect is anxious.

Thought Process:

Thought process is within normal limits. It is linear, logical, and appropriately goal-oriented.

Associations:

intact

Thought Content:

The patient denies or does not express suicidal thoughts.

The patient denies having homicidal ideations or thoughts of harming another person(s).

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The patient denies experiencing auditory hallucinations.

The patient denies experiencing visual hallucinations.

comments: Patient does not appear to be responding to internal stimuli during interview

Orientation:

Fully oriented.

Attention/Concentration:

Attentive, able to resist distraction.

Able to sustain focus during the interview.

Cognition:

The patient's cognition is grossly intact by interview.

Memory:

Recent memory is grossly intact.

Remote memory is grossly intact.

Fund of Knowledge:

The patient's fund of knowledge is within normal limits for age, developmental course, and level of education.

Insight:

good

Judgment:

good

ASSESSMENT and RECOMMENDATIONS**Assessment and Formulation:**

Leila Flanagan is a 13 y.o. 7 m.o. biological female with past psychiatric history of Anxiety, Adjustment Disorder with anxiety, and Mixed obsessional thoughts, who presented for psychiatric evaluation for anxiety. Based on information gathered today including excessive worry, difficulty concentrating, unsatisfying sleep, and recurrent unwanted thoughts that drive Leila to perform repetitive behaviors, her symptoms appear to be consistent with Generalized Anxiety Disorder and Obsessive Compulsive Disorder. Leila identified her relationship with her father as a significant stressor, which could be contributing to symptoms of anxiety and possibly depression. Although Leila denied current symptoms of depression today, screening instruments are indicative of symptoms of depression. She reports that these symptoms can be dependent on her relationship with her father or her anxiety symptoms at the time. She should continue to work with her therapist regarding her symptoms with continued exploration of possible symptoms of depression being present or emerging for additional diagnostic clarity. Although she did not report symptoms evident of consistent tics, she should also continue to be monitored for symptoms of a possible tic disorder emerging in the future. Leila would benefit from continued individual psychotherapy to work on symptoms of anxiety and Obsessive Compulsive Disorder, as well as medication management to target her symptoms. Leila has a family psychiatric history including anxiety, obsessive compulsive disorder, alcohol use, and a suspected mood disorder. Leila's parental divorce with inconsistent involvement in family therapy from her father presents as a risk factor in treatment. Leila appears to be of at least average intelligence, with history of adequate development, has hobbies, has good peer relationships, is established with a therapist, has adequate housing, and appears to have a good relationship with her mother, which will be protective factors during treatment.

During this appointment, we discussed our diagnostic formulation which includes Generalized Anxiety Disorder and Obsessive Compulsive Disorder, as well as the expected course, prognosis, and treatment options. Leila will benefit from a multimodal approach to treatment including therapy as well as medication for anxiety, obsessions, and compulsions.

DSM 5 Diagnoses: 1. GAD (generalized anxiety disorder)
2. Mixed obsessional thoughts and acts

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Clinical Notes (Abstract) (continued)
RECOMMENDATIONS & PLAN
MEDICATION(S):
Continue medications:

- Recommend continuing Melatonin 1mg PO daily at bedtime for sleep.

Medication changes recommended:

- Recommend that Leila's current prescriber consider further titration of Sertraline for anxiety and Obsessive Compulsive Disorder (can also be used for symptoms of depression). Leila reports currently taking Sertraline 75mg PO daily.
- Recommend increasing Sertraline by 25-50mg PO intervals every 4 to 6 weeks based on symptoms and Leila's ability to tolerate medication titration. Typical maximum dose is Sertaline 200mg PO daily.

Medication consent:

Reviewed indications, expected benefits, and potential adverse effects of CURRENT medication.

Consultation only. Consent deferred to current medication prescriber.

SSRI/SNRI potential adverse effects reviewed included: headache, GI distress (n/v, diarrhea, constipation), agitation/restlessness, anxiety, mood changes, changes in sleep and/or energy, and intense dreams. The FDA black box warning regarding potential risk of suicide was also reviewed in detail.

PSYCHOSOCIAL:

- Recommend that Leila continue receiving individual psychotherapy from her current therapist.
- Recommend that Leila engage in Cognitive Behavioral Therapy to address symptoms of anxiety.
- Recommend that Leila engage in Exposure and Response Prevention Therapy for symptoms of Obsessive Compulsive Disorder.
- Discussed the potential benefit of Leila engaging in family therapy with her father and/or mother. She will discuss this possibility with her therapist.

ACADEMIC:

- Recommend that Leila continue receiving supports through her educational support team plan. If Leila and her mother believe that Leila is struggling in the academic setting, recommend that Leila's mother request in writing to Leila's school for Leila to be considered for evaluation to assess if she would benefit from further interventions and supports through either a 504 plan or an Individualized Education Plan.

OTHER:

- Discussed that it may be beneficial for Leila to establish care with a psychiatric provider for longer term medication management. Leila's mother reports that she will look into connecting Leila with her local community mental health center or other providers in the area.
- Leila's mother reports that Leila has upcoming labwork to be done regarding thyroid testing. Recommend that Leila's medical providers continue to evaluate and treat based on results, as some psychiatric symptoms can have medical etiologies.
- Safety and risk assessments were reviewed and assessed. Leila and her mother were able to contract for Leila's safety, and Leila does not present with any current acute symptoms that would warrant her having an inpatient psychiatric hospitalization at this time. Leila and her mother were instructed to call the Crisis Hotline, 911, and/or to take Leila to the nearest emergency department if Leila experiences a medical and/or mental health emergency, and Leila and her mother verbalized understanding and agreement. Leila's mother was advised that all guns, medications, sharp objects, weapons, etc. should be kept under lock and key so that Leila does not have access. Leila and Leila's mother verbalized understanding of the above and are in agreement.

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Clinical Notes (Abstract) (continued)
Recommended Follow-Up:

This concludes Leila's evaluation in the child and adolescent psychiatry clinic. Our recommendations will be communicated to Leila's primary care provider, Andrea B Tidman, MD. If there are questions regarding these recommendations, we are available to consult via phone. **If the situation changes or additional concerns arise in the future, Leila could be referred back for additional consultation.**

This case was discussed with and supervised by Attending Child & Adolescent **Psychiatrist Dr. Donnelly.**

Rebecca John, D.O.

Child & Adolescent Psychiatry Fellow

Screening Assessments:
Parent Responses:

PHQ-9 Parent Report (1/5/2023): 12

Mood and Feelings Questionnaire Parent Version (1/5/2023): 20

Parent Vanderbilt Rating Scale (1/5/2023): Inattention (1), Hyperactivity (1), Oppositional Defiant Disorder (0), Conduct Disorder (0), Anxiety/Depression (5)

Leila's parent completed the Social Responsiveness Scale-2nd Edition (SRS-2). The SRS-2 is a 65-item questionnaire that identifies the presence and severity of social impairment within the autism spectrum and differentiates it from that which occurs in other disorders. The SRS-2 provides an overall score and five treatment subscales in the areas of: Social Awareness, Social Cognition, Social Communication, Social Motivation, and Restricted Interests and Repetitive Behaviors. Two subscales, Social Communication and Interaction and Restricted Interests and Repetitive Behaviors, are designed to be DSM-5-compatible.

		Parent	
		Raw Score	T-score
Treatment Subscales			
	Social Awareness	4	47
	Social Cognition	6	51
	Social Communication	5	45
	Social Motivation	6	51
DSM-5 Compatible Scales			
	Social Communication and Interaction	21	48
	Restricted and Repetitive Behaviors	6	54
SRS-2 Total Score		27	49

Total Score Discussion:

<59 – within normal limits. Scores in this range are generally not associated with clinically significant autism spectrum disorders.

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Child/Adolescent Scores:

PHQ-9 Adolescent Report (1/5/2023): 20

GAD-7 (1/5/2023): 19

CRAFFT Screening (1/5/2023): unremarkable

Electronically signed by John, Rebecca, DO at 2/5/2023 9:19 PM

Donnelly, Craig L, MD at 2/3/2023 0930

I have examined Leila and interviewed her parent with Dr John and agree with her formulation and plan as documented. My MSE confirms hers. I agree with up titrating her Sertraline to target anxiety and OC symptoms as detailed by Dr John in her note in conjunction with ongoing CBT with exposure and response prevention therapy.

Electronically signed by Donnelly, Craig L, MD at 2/6/2023 9:50 AM

End of Report