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DIACONESCU Ilinca-Ana

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This is a review and update of the previous report concerning Ilinca-Ana DIACONESCU. She was seen with the mother on the 22/08/2023 after one year and several months since the initial contact.

She abandoned schools and moved to Romania; she was hospitalised in Alba Iulia. She was tested by different psychologists. The mother does not have any report from Romania. During the session she makes no eye contact, her relatedness is very poor, and the purpose of the session is not very clear. The mother states that she needs an update of the psychiatric report from last year to incorporate the evolution since that time. She was enrolled in a school in Bucharest, but she did not attend it because of sensory and social overload, mother obtained a document allowing her to do online schooling. However, in Romania there are no online schools, and this option is not available. The parents did not receive any documentation from the private clinic near Alba Iulia.

Ilinca displays poor relatedness, no eye contact she fidgets with hands, seems very nervous but can cooperate with answering some questions, she is enrolled in a school in Bucharest, and she states that she wants to finish school and she would cooperate with tutoring in order to take the baccalaureate in Romania. Therefore, the mother is applying for special tutoring help through her employer.

Ilinca struggles with autism spectrum disorder and needs special accommodations that are unavailable in the regular schools in Romania. The social interactions and sensory overload are causing extreme distress and she would not be able to follow schooling in a regular classroom. However, she would be able to learn the necessary content to sit for the Romanian Baccalaureate. Her needs would be optimally satisfied by a day treatment program for adolescents with autism spectrum disorder. However, the mother was unable to find those services in Romania.

It is recommended that she gets help in Tutoring in Romania and also help with learning to be autonomous.

PRESENTING PROBLEM, INITIAL CONTACT at the first visit in 2022:

Mother says:

"My daughter has a long history of depression, anxiety, OCD, phobias. Lately the depression has worsened, the social phobia has worsened. Suicidal ideation for about 5 years. 2 suicidal attempts. She was never tested for autism. She also had psychotic episodes. It was under complex medication for many months with no improvement. We live since September 2021 in Luxembourg and we do not manage to find an available psychiatrist suitable for her."

Gender: female

Race: ☑ Caucasian ☐ Black ☐ oriental ☐ hispanic ☐ asian ☐ other

Insurance:

☐ Mutuelle ☐ Assurance Complementaire ☑ International Insurance ☐ Tricare ☐ Foreign Service ☐ EU insurance Scheme ☐ other

Initial contact with her around questions eliciting self concept:

If a friend were to say some good things about you, about what makes you great, what do you think they would say:

"I dont have good friends, they would say different things according to how I behave around them. I don't show too much and they turn against me. It has already happened.

Are you a good friend?

"I don't think I'm a good friend, because there's too much going on now to be a good friend""

What do you do that is meaningful?

"No I don't, it seems stupid, I try to lose weight.

What do you feel that you are good at? "

"I don't know, all the time I hear that I am only good at manipulating and abusing. "

If you were given 2 weeks to do whatever you wanted to do and be whoever you wanted to be, what would you say?

"I don't know""

What do you like to do for fun?

"to stay. I liked to draw but now I don't feel like anymore, 1-2 years. I played piano, I was in the children choir, in the last 4 years none of that "

If tomorrow could be better than today, what would it look like?

"Each time I imagine something good it falls apart"

You have listed several strengths and you have the capacity to flourish based on ... Is there anything getting in the way of your good qualities?

"" Stress, I don't know, no motive. I know why I get upset, everyone around me has a negative commentary about something. "

What is the challenge that you want to work on that brought you in here today?

They don't want to understand, some of them do it because they learned it is possible.

Chief Complaint:

2 years ago I was hospitalised at Obregia psychiatric hospital in Bucharest. Mom wants me to go to a private hospital to stay 3 mo. I was at some point vary bad, I asked mom to assist me with euthanasia.

History of the present ilness:

Ilinca is a 17-year-old Romanian adolescent girl currently enrolled in a home-schooling program, living at home with her mother in Luxembourg. She has a very long psychiatric history with several psychiatric treatments, at least one hospitalisation in the psychiatric hospital following suicidality, depression, severe conflicts in school with episodes of bullying and threats of violence. The main themes revolve around social difficulties triggering a feeling of inadequacy, inability to understand social cues and unspoken rules of social interaction. She becomes isolative and refuses school. Several medications have been tried and none operated a significant change.

Timing of symptoms and problems, precipitants: She was in Romania until age 12, then she stayed in Hungary where I was at a private school 4 kids in total. She was told that she has OCD, problems with routines, problems with change, obsessions with sciences. She gets to know everything about jellyfish.

Psychiatric history:

At 7 years old, depression, first suicide statement, death of the grandmother at 8 years old. Then she went to therapy with a general psychologist, lasted with some interruptions. At the age of 12 he moved to Hungary. Psychology online. Private school. Expats, in English. The method was different from Romania. At one point the pressure of teachers was unbearable.

In 2020 the pandemic did online school. Higher pressure. mom tried to be a buffer. When he started school in person, she could not keep going. She had hallucinations, self-harming. In Feb 2020 sessions online with psychologist. She received fluoxetine 20 quetiapine 50mg with worsening of sx.

They went to another psychiatrist who continued fluoxetine and quetiapine.

In Sept 2020 they left to Hungary, they tried another psy. They could not find. 4-5 monthly sessions in Timisoara with the chief of neuro psychiatry for children. She was prescribed topiramate, quetiapine 150mg, sertraline, abilify. She had no more hallucinations. She took haloperidol.

Psy in Luxemburg, bullying at school continued somatisation, psy said, ...In dec 2021 she was placed on xanax. School: On line school. Last time she was in a real school it was overwhelming. Peer relationships: Very poor; Family relationships: Mother and father is in Ro. Mom works for foreign ministry; Physical health: feels pain, legs, head eyes, arms etc.; Emotions: I cannot understand emotions, fury, sadness, Behaviour: isolative.

<u>Family Psychiatric History:</u> seems clear of psychiatric problems

<u>Medical History:</u> non-contributory

Personal History<u>:</u>

Place of birth and relocations: Bucharest Romania: Family structure: only child and she lives with mother in Luxembourg, father lives in Bucharest. Parents occupation, sources of income, education: parents are professionals, mom works as a diplomat. Relationship with parents: average. Who lives at home: mother and her. No siblings, very few friends in reality but many online friends.

Hx of Abuse: bullied in school

Review of systems:

Given the history reported we reviewed in detail all the criteria for autism spectrum disorder:

The patient presents with persistent deficits in social communication and social interaction across multiple contexts as manifested by deficits in social emotional reciprocity with abnormal social approach and failure of normal back and forth conversation manifested during the session in the history taking. Reduced sharing of interests, emotion or affect, failure to initiate or respond to social interactions.

There are significant deficits in nonverbal communicative behaviours in social interactions with signs of poorly integrated verbal and nonverbal communication very poor eye contact very limited facial expression, expressed difficulties understanding emotions and intentions. There is a clear history of deficit in developing maintaining and understanding relationships and friendships with clear difficulties adjusting their behaviour to suit various social contexts. There is a history of difficulty in sharing, imaginative play making friends absence of interest in interacting with peers. The difficulties in social interactions have led to very poor adjustment in the various school environment and then to her becoming a victim of bullying.

The history suggests restricted and repetitive patterns of behaviour interests and activities with clear signs of using objects and ranging toys, insistence on things being the same, inflexible adherence to routine with extreme distress at small changes, difficulties with transitions. She has often fixated and restricted interests that are abnormal in intensity of focus she has periods where she studies everything about jellyfishes Andy explains to whoever wants to listen all her findings not being sensitive to the signs of boredom in the other person. There are clear signs of sensory abnormalities with intolerance of certain textures of foods or close. Those symptoms have been present in her early developmental period but never recognised by professionals and they became a source of significant dysfunction when the social demands off early adolescence exceeded her limited capacities there is clear impairment in social occupational functioning, she is unable to function in a school environment.

Those disturbances are not explained by intellectual disabilities or a global development delay, she has not had psycho educational testing and testing specific autism spectrum disorder and she seems to be functioning in and average intellectual range at the least.

Developmental history:

Pregnancy: stress, at age 2 mo ovary torsion and had surgery. Genetical hemochromatosis heterozygote. the developmental history is Marked by significant social difficulties With aggressiveness and being bullied my other children.

Mental Status Examination:

The patient is very poorly related initially but becomes cooperative and friendly as we have started to talk about the diagnosis of autism spectrum disorder, as if she was all of a sudden relaxed and hopeful. Ox4. Dress and grooming could be better as her hair seems dirty and covers her face she, makes no eye contact. She is dressed in baggy clothes, has a slouched position on her chair. Motor activity WNL, no unusual mannerisms. Thought Processes logical/linear and goal-directed, but very concrete with difficulty understanding 2nd degree. Thought content WNL. Speech monotonous but normally articulated good syntax. . Mood reported as "_relaxed" Affect congruent with Mood. Insight is good. Judgment is good. Cognition is intact, as are attention, concentration, and memory. No SI. No HI.

Bio-Psycho-Social Formulation:

Predisposing: the patient has a autism spectrum disorder which is a neurodevelopmental condition. This condition has not been identified and diagnosed during early childhood because she appeared to function. The lack of accurate diagnosis led to lack of adequate early interventions.

Precipitating: the social difficulties became very severe when she became an adolescent.

Perpetuating: lack of adequate early intervention.

Strengths: she's intelligent and gifted

DSM V; ICD 10 diagnosis:

Axis 1 Autism Spectrum Disorder level 1 F84.0; Mood disorder unspecified.

Axis 2 deferred

Axis 3 Hemochromatosis

Axis 4 social problems in school
Axis 5 GAF 55

Plan:

Investigations: family needs to arrange for psychological end psychoeducational evaluation to administer intelligence test, achievement test, and Autism Diagnostic Observation Schedule test.

Biological: Medications not indicated now,

Psychological: Psychotherapy: with a focus on social skills.

Psychosocial : liaison with the psychologist who will test her, with the psychotherapist who will support her, help the family identify a school who would help her with her special needs. Tutoring is indicated

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