Unit 9 Final Project Case Studies

The Case of Tommy – High Level Autistic Disorder

Tommy R. is a 6-year-old Caucasian male kindergarten student in a K-8 combined elementary and junior high school in the San Jose greater metropolitan area. He has a sister ahead of him in the third grade who is enjoying school with numerous friends. The school principal has requested a meeting with you (an elementary school counselor), the district psychologist, and the parents to discuss Tommy’s classroom behavior as well as his level of academic school performance. The principal has received numerous complaints from Tommy’s kindergarten teacher over the past 2 months about Tommy’s inability to comply with basic classroom rules and expectations as well as his difficulty in performing expected academic tasks. An IEP (Individualized Education Plan) process has been initiated.

During the IEP interview with the parents, his father presents as a very shy, soft-spoken man who often works from home as a computer software engineer; his mother works in an office as an administrative support specialist, and in contrast, appears bright and vivacious. At the meeting the principal asks the parents what they have experienced while raising Tommy. The parents state that “Tommy has always been a little different, but he is a good boy.” They also say that he did not start talking until he was about 2 years old, but Tommy’s father interrupts and says, “I didn’t start talking until I was almost 2 years old and I turned out ok!” The mother states that Tommy has trouble on “play-dates” with other children. She says that when at a neighborhood park with Tommy, when he is playing in the sandbox with other children, he doesn’t share toys, sometimes hits other children when he is angry, and also cries in a shrill, loud voice when he doesn’t get his way.

Tommy’s mother also says that he doesn’t have any “real” friends and that she has stopped taking him on play dates because he is too difficult to manage. She also reports that he doesn’t always respond to her voice when she calls. She has to touch his shoulder and directly look him in the eyes before he responds. She also says that he needs a lot of coaching and supervision to get dressed in the morning. His hand also has to be held tightly when crossing the street because he sometimes darts out into the street.

Tommy’s kindergarten teacher reports that there are major problems with Tommy’s behavior in her classroom. She states that during circle time she has to have Tommy sit right next to her. She says it is necessary for her to put her hand on his shoulder and speak to him firmly and loudly in order to keep him in the circle. She says that his attention often wanders, he doesn’t follow directions like other children, and he sometimes appears either not to understand her directions or does not seem to care about what she says. She reports that he has hit other children who casually bumped into him on the playground or tried to get him “to share” toys. She also states that when he has to change activities he cries and rocks back and forth for 10 to 20 minutes before he can go on to the next activity.
The Case of Ben – Ischemic Attack (Stroke)

Ben R. is a 70-year-old African American male who retired 5 years ago from his job as an accountant. Since retirement, his wife states that he has stopped exercising regularly, has not watched his diet, and is about 25 pounds overweight. She says that he wears glasses for nearsightedness and has recently had a stroke at home. He was taken to the hospital and given Positron Emission Tomography (PET) scans which indicated that he had a unilateral stroke involving the left hemisphere and specifically the temporal-parietal lobes including part of Broca’s area. He did not become unconscious but did suffer some post-stroke amnesia which has begun to clear. His physician kept him in the hospital for several days and then released him to home. However, at his follow-up visit, his physician requested a neuropsychological examination from your office.

Ben enters the office and greets you. He does not shake hands with his right hand. His right hand and arm do not seem to move properly. His speech is slow and slurred; also he speaks with difficulty using slowly articulated sentences. During your clinical exam, he evidences problems with word finding and naming when you ask him to name common objects found in your office such as the cap of a pen, the stem of a watch, and the name of “cufflinks” jewelry. When you test him using the MMSE (Mini-Mental Status Exam), he scores 24 out of a possible score of 30 points. During the MMSE, he makes several errors counting back from 100 by 7s, is unable to spell the word “world” backwards, can only recall one out of three words from memory after a 5 minute delay, makes errors on the correct date and day of the week, and has difficulty drawing two intersecting figures.

When asked how her husband is doing, Ms. R. says that she thinks that her husband may have suffered some hearing loss, he doesn’t seem to be thinking as clearly as he did in the past, and his memory is not very good. Ms. R asks if you can determine if his intellectual abilities have been affected. She also says that he is bumping into objects on his right side and asks if that is normal behavior after a stroke.

The Case of Dan – Dementia Due to HIV-Disease

Dan G. is a 40-year-old prison inmate who has been incarcerated for 5 years. He entered prison with a medically documented but sporadically treated HIV-AIDS infection of several years duration. The senior cell block correctional officer has noticed a recent change in behavior but is suspicious of the inmate’s motives; however, he reports that Mr. G has stopped going to the exercise yard.” He also reports that his cellmates next to him say that he is acting lethargic and uncommunicative. When the Senior Officer asks if you can check him out, you reply in the affirmative.

In your office, when you review his medical records from the infirmary, they indicate that his disease has progressed even though he has been following a medication regimen of several different medications. The last medical record indicates that recently his speech has slowed and become sparser, and his desire for physical activity has decreased.

You schedule an appointment to see Mr. G. in the infirmary. When questioned, Mr. G. is cooperative, complains of memory and learning problems, difficulties with concentration, and
a lack of energy. When you consult later with the infirmary physician, he states that he suspects that the HIV-AIDS disease process has entered Mr. G’s cerebral spinal fluid and brain and may be producing early AIDS-related dementia. He requests that you test his mental status, cognitive functioning, and whether he should remain in general custody or be transferred to a psychiatric hospital for the criminally insane for a higher level of observation and care.