Minds Matter
Ohio Psychotropic Medication Quality Improvement Collaborative

CASE STUDY

Case Study 1

Vignette

Sophia is a 4-year-old girl who you are seeing for a new patient visit due to behavioral concerns. Sophia reportedly developed hallucinations recently and was prescribed Risperdal by her primary care clinician, pending a referral to a psychiatrist. She and her family now present to you to establish care as they have recently moved to the area.

In reviewing Sophia's history, you learn that she has become more withdrawn in the last few months. Her family notes that she is irritable, has frequent tantrums, and has a difficult time separating from her caregivers. This type of behavior occurs both at home and at preschool. Recently Sophia began to draw pictures that concerned her parents. When they asked about her drawing, she described that she sees a scary man who says mean things and makes her feel scared. In talking with her primary care clinician, concerns about the possibility of psychosis were raised. Sophia's uncle had been diagnosed with bi-polar disorder, and her parents were concerned that Sophia may be developing a similar condition. Given Sophia's symptoms and family history, Sophia's provider started Risperdal 0.25mg at bedtime and referred her to a psychiatrist.

Case Discussion

The diagnosis of psychosis, characterized by the presence of impairing delusions or hallucinations, is extremely rare in young children. However, preschoolers may occasionally use language that suggests the possibility of hallucinations, and a number of diagnostic considerations are warranted in this age group.

1. **Imagination:** Preschoolers may have a difficult time separating fantasy from reality given their developmental age; this may continue to occur at later ages in children with developmental disabilities. Imaginary friends are common in this age group, yet rarely represent psychosis or true hallucinations. In most cases imaginary friends are experienced as pleasurable by the child but may occasionally include more disturbing content.
2. **Anxiety:** Preschoolers experiencing fears or anxiety may manifest symptoms suggestive of hallucinations. This may occur at a subclinical level or in children diagnosed with anxiety disorders. An example may include the child who sees "monsters" at bedtime in response to a fear of the dark. In general, these types of symptoms occur in children with specific fears or underlying anxiety.
3. **Trauma:** Children who experience trauma may present with hallucinations or related symptoms. These may include dissociative symptoms, such as "spacing out" in response to certain triggers or "flash-backs" seen in children with post traumatic stress disorder (PTSD). Both a careful interview of parent and child and a high index of suspicion are necessary to identify childhood trauma
4. **Inheritable disorders:** Mental health disorders are heritable conditions. Children with a family history positive for conditions such depression, anxiety, attention-deficit/hyperactivity disorder (ADHD), and bipolar disorder are at higher risk for developing a mental health conditions. Environmental factors may also increase or decrease a child's risk for the development of a mental health disorder. Protective factors include strong bonds with caregivers, safe and secure environments, and healthy relationships with peers. Potential risk factors include trauma, poverty, and overly negative parenting styles.

In Sophia's case, your clinical interview revealed that the "scary man" was in fact a neighbor who had been sexually abusing Sophia for the last few months. With this information, Sophia was referred for trauma-based services, and Risperdal was tapered. Child Protective Services was contacted, and charges were filed after an investigation was completed.