

## Progress Notes

Sherman, Kate M., LISW at 08/09/22 1030

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### Behavioral Health Consultant Child Initial Visit Note

Start: 10:38 am

Stop: 11:36 am

Referral from: Dr. Yi

Visit is initial, scheduled.

The patient attended the appointment with his step-father.

Assessment: behavioral/attachment issues likely in response to trauma

Summary of goals: better management of behavioral issues

Plan

1. BHC and step father discussed use of positive reinforcement/token economy.
2. Tip sheet provided on communication and limit setting.

Recommendations to GP / Nurse: Support behavior plan.

Follow-up: Discussed getting patient connected with more specialized trauma focused therapy. Referral information for Child Focus was sent via MyChart. Informed step-father that they could schedule follow up with BHC if needed.

### Subjective

Home / Love: The patient's step father reported that they lived with his mother in China for several years. Patient and step-father came to the US in November of 2021. He has helped to raise him since he was a baby. Wife was denied a visa. Stated that mother was inadvertently caught up in ex-partner's drug dealings and confessed to drug trafficking under duress. Step-father has a lawyer who is filing appeals. Trying for humanitarian parole. Stated that they are able to communicate via video chat with mother. Step-father has an older brother and five adult children. However, none of them are very involved in terms of providing support.

School: Patient will be starting Kindergarten at Mulberry Elementary in Milford. Did not do preschool. He does not really socialize with other children. Has difficulty playing with other kids.

Fun: Wants to play with step-father all the time. Stated that he takes him to parks.

Health: Step-father stated that patient is not eating well. Likes broccoli, fish, macaroni, and chicken strips. Diet is different than what it was in China. In terms of activity, he will run and play around the yard. Step-father stated that he does not like to sleep. Will not sleep on his own. Co-sleeps with step-father. Will sometimes get up and get on the computer to watch videos during the night. Step-father stated that he smokes. Not sure about in-vitro alcohol/drug exposure.

Problem: Does not like listening to directions. Step-father feels the "tests" him. Describes him as being withdrawn. Frequently asks for mother. Struggles to be apart from step-father. Panics if step-father takes the trash outside. Frequently tries to get his attention if he is doing something else (i.e. throwing things). Step-father feels his language has regressed a bit.

Started? November 6, 2021 when they arrived in the US

Triggers? Fear around separation from step-father, separation from mother

Coping strategies tried? Will try to talk with him, but sometimes loses his patience and

scolds him.

Interventions: Utilized empathic active listening. Reviewed strategies to manage acting out behaviors (I.e. positive reinforcement for desired behaviors, token economy). Discussed referral to specialty treatment that is trauma focused.

Objective

Patient could potentially benefit from individual/family therapy that is trauma focused. Referral to specialty treatment discussed.

Diagnosis

Axis I: F43.20 Adjustment Disorder, unspecified type

Axis II: n/a

Axis III: See problem list in chart.

Axis IV: Problems with primary support group, Problems with the social environment

Axis V: 55

Mood: Euthymic

Affect: Broad/full

Behavior: Patient was active and engaged in coloring during the visit.

Appearance: Casually dressed, well-groomed

Step-father reported that the patient has not displayed any violent/aggressive behaviors towards himself or others.