

RANZCP Auckland Training Programme

Mock Objective Structured Clinical Examination

Bye for Station No. 1 April 2007

Reading Bye for Station No. 1 - Instructions to Candidate

You have twenty (20) minutes to complete this station.

You work in an inpatient setting where Marie O'Brien, a divorced 29 year old woman, is under your care. You are about to meet with a Social Services social worker Mrs Claire Roberts from the Child Welfare section of the Department of Social Services.

Mrs Roberts has written to you, requesting a meeting, and you have arranged to have a brief preliminary discussion with her about Marie's situation.

Marie has a 3 year old daughter Jodie who is currently in the care of Marie's mother, Mrs Jenkins. Marie is recovering from a manic episode and a diagnosis of Bipolar Disorder has recently been made. She has a past history of two depressive episodes.

Marie's ex-husband Tom O'Brien has recently contacted Social Services claiming that Marie is "crazy", not fit to care for Jodie, and insisting that he should be Jodie's main caregiver.

Marie is distressed by this, but you have persuaded her that it is in her best interests for you to explain her situation to the social worker, so she has given you permission to discuss her case with Mrs Roberts.

Your tasks are to:

- **Refresh your memory about the details of Marie's case from her clinical records**
- **Read the letter from Mrs Roberts requesting the meeting**

Please do not make marks or notes on the documents provided.
This information will be available again to you in station 1, as though you had taken Marie's file with you into the appointment with the social worker.

You can make your own notes on the scrap paper provided, and can take that with you into station 1, where you will continue with this scenario.

Marie O'Brien is at present a psychiatric inpatient under your care in the local acute admission unit.

Summary of Marie's History:

Marie O'Brien is a divorced 29 year old NZ European woman, who scrapes by on a welfare benefit, and who usually lives alone with her 3 year old daughter Jodie. Jodie is currently in the care of Marie's mother, Mrs Jenkins.

REFERRAL

Marie was acutely admitted 3 weeks ago in a manic state, via the police, as she had been creating a disturbance in the foyer of a 5-star hotel in the city.

PRESENTING COMPLAINTS

Marie herself did not identify any symptoms or feel that there was anything wrong with her. She complained vociferously about the hotel staff and the police, calling them "stupid wankers".

On further questioning and with collateral from her mother, it emerged that Marie had:

- Not been sleeping much for the preceding 2 weeks
- Nonetheless had a lot more energy than usual and had been overactive, e.g. cleaning all her cupboards out in the middle of the night
- Been talking a lot more than usual, and faster – so that at times she did not seem to be making much sense
- Been "excitable" – laughing and cheerful, then bursting into tears the next moment
- Had a lot of plans to set up a domestic cleaning business, with unrealistic ideas about how she would organise finance for this "the banks are giving cash away these days, they're just giving it away if you've got a good plan!"
- Been leaving Jodie with her mother a lot so as to go out to clubs and bars "to celebrate" – saying that her life had "turned around" and that everything would now be "a breeze"
- Spent too much money on clothes, make-up and things for Jodie, in second hand shops and \$2 Dollar shops. Marie had no credit card or cheque account so had not run up any serious debts however.

HISTORY OF PRESENTING COMPLAINTS

Marie had been struggling to support herself and Jodie on welfare payments since her last depression one year ago. She did a little part-time cleaning work for local pensioners to add to her welfare payments, but still found it hard to manage. Her mother Mrs Jenkins cared for Jodie when Marie was working. Mrs Jenkins said that there had been intermittent stress from Marie's ex-husband Tom, who occasionally called around in an intoxicated state despite there being a no-trespass order out against him. The police had been called on 2 occasions, to remove him.

Marie then won \$50 in a lottery, and was very happy about this. Mrs Jenkins said that Marie did not calm down after this lottery win, but went on being cheerful, then became more elevated and excitable, in the past 2-3 weeks. Mrs Jenkins had been very worried about her going out at night to clubs but had not been able to stop her, as Marie became angry and abusive if anyone tried to persuade her not to go. On the night she was admitted, Marie had apparently gone to a 5-star hotel and demanded "the penthouse suite" then became abusive, loud and disorganised on being told that the hotel had no such suite. Her behaviour led to the police being called, and as she was obviously unwell, to an urgent Crisis Team assessment at the police cells, followed by admission to the ICU attached to your inpatient ward.

PAST PSYCHIATRIC HISTORY

Marie first developed a depression after the death of her father when she was aged 25. This was treated as an out-patient via her GP, with paroxetine 20mgs mane. She responded well to this, and it was ceased after 6 months. Marie had a second episode of depression during divorce proceedings from her husband Tom, 18 months ago. This was treated initially by her GP, who then referred her to the local Community Mental Health Team as she was not tolerating the paroxetine well (anticholinergic side-effects) and as it was felt that she needed psychotherapy as well as medication. Marie was changed to citalopram and eventually did well on this after the dose was raised to 40 mgs, and had a course of CBT with a psychologist. She had continued the citalopram until 3 months before the current manic episode, by which time it had been tapered and ceased on her request, as she wanted to try to manage off medication.

ALCOHOL AND DRUG HISTORY

Marie is usually opposed to drugs and alcohol and avoids these, saying she will never be "like Dad". However, Mrs Jenkins thinks that Marie may have been drinking in the last 2 weeks when going out to clubs and bars "to party", which is very unlike her.

FAMILY PSYCHIATRIC HISTORY

- Marie's father was an alcoholic. Marie's mother says that her husband used to drink due to "black moods".
- Marie's mother had a brother who was institutionalised in his youth for "manic depression" and who later suicided.

PAST MEDICAL HISTORY Nil of note

MEDICATIONS

Marie had been treated with citalopram 40 mgs, tapered to 20mgs and then ceased 3 months ago, so had been on no medication when her moods became elevated recently. She is now on lithium carbonate 1000mgs nocte and has settled well on this, now having a serum level of 0.7. She is also on zopiclone 15 mgs nocte for sleep, and olanzapine 10 mgs nocte. You plan to taper and cease the olanzapine and zopiclone.

FAMILY OF ORIGIN

Marie's father was a heavy drinker who eventually died aged 55 when she was aged 25, of ruptured oesophageal varices. He was not physically violent to Marie or her mother when intoxicated, but was at times verbally abusive. He was also unable to hold a job down in his later years, so Marie's mother had to work in a factory to support them, and the family were poor and financially stressed. As above, he may have suffered from depressions.

Marie's mother Mrs Jenkins is a stoical woman, who has had to work hard all her life and to cope with verbal abuse from her husband when he was drinking. She is strongly loyal to Marie, and determined to help her to care for Jodie, of whom she is very fond. She had worked in a factory until 2-3 years ago, when her failing health due to late onset diabetes and hypertension led to her having to cease work and to receive welfare payments. Since then she has helped Marie to care for Jodie while Marie does part-time cleaning work.

Marie's brother Joe began drinking in his teens then began truanting and hanging about with other delinquent youths. He was involved in stealing cars, and after the age of 18 continued criminal behaviour such as petty theft and dealing marijuana. He began to use methamphetamine in recent years and his criminal behaviour escalated until he was convicted of a home invasion robbery. He is serving a prison sentence currently. Marie refuses to see him, but Mrs Jenkins visits him each month.

PERSONAL HISTORY

Marie was the older of two siblings, raised in a somewhat troubled family as her father suffered from alcoholism as described. This resulted in her childhood and adolescence being marred by occasions on which her father was drunk and verbally abusive, although he never hit any family members. He was however not able to continue working so Marie's mother had to work full-time, from when Marie was aged 12. She and her brother Joe did

not get on, as he was quite behaviourally disturbed and had significant substance abuse problems from his early teens. Marie was thus somewhat lonely growing up and had few supports, although she was fairly close to her grandparents.

During this admission, for the first time, she has given a history that her father sexually abused her at the age of eight when he was intoxicated. He never repeated the abuse or mentioned it again afterwards (possibly he may not even have recalled it), and Marie did not feel able to tell her mother. Marie has always felt that that the abuse was her fault in some way, not assisted by a Catholic upbringing in strict convent schools where she was bullied by the nuns.

She was somewhat shy and did poorly academically, and left to work in a factory at age 16. She married Tom O'Brien when she was 25, against her mother's advice, as she was afraid that "no-one else would have me". Tom was a bricklayer but he also drank to excess and began to verbally and physically abuse Marie. After the birth of their daughter Jodie 3 years ago, Marie began to stand up for herself and her daughter more, and she left Tom and has since obtained a divorce. Tom continued to try to visit and abuse her, so she has a Non-Tresspass Order in place. Due to her ex-husband's violence and abuse Marie obtained sole custody and Tom does not have access rights. Marie has been a caring but somewhat over-protective mother for Jodie and her self-esteem has improved since having her child. She describes Jodie as "my world" and is fearful that she might also be abused, especially by her ex-husband, although there has been no evidence of this to date.

PREMORBID PERSONALITY

Marie's mother describes Marie as a friendly, hard working and sociable person who lacks some confidence, but who is a good and caring mother. She said Marie tended to be quiet and to hold in her feelings, so her recent manic behaviour was very out of character. Marie goes to church regularly and her Catholic faith is important to her.

MENTAL STATUS

Marie currently presents as a pleasant, plump, rather plain European woman of 29, who now wears jeans and sweatshirts most of the time. When recently manic she dressed more colourfully and bizarrely in items purchased from second hand shops, but her moods have now settled considerably and she no longer does this. Her attention and concentration are good now, and there is no pressure of speech or flight of ideas. There are no psychotic symptoms and her moods are close to being euthymic, with just a slight tendency for them still to elevate in the evenings, leading to her being somewhat more sociable and flirtatious then, with males on the ward. She is however sleeping well now. Her affective reactions are also much more appropriate, with only slight lability later in the day, at times. Her insight is much improved, and she regrets her behaviour when manic and is a little embarrassed by it. She is cooperative with follow-up and insistent she will take her medication.

Her judgement is also much improved and is in general not impaired, although she has perhaps not fully taken on board the consequences of her recent manic state. Her main wishes are to return home as soon as possible and to resume caring for Jodie. She is upset about Tom's allegations and cannot understand why Social Services are listening to him.

DIFFERENTIAL DIAGNOSIS (DSM IV)

Axis I	Bipolar Disorder Type I
Axis II	No diagnosis
Axis III	No diagnosis
Axis IV	Financial stresses, Harassment from ex-husband, Stressful divorce
Axis V	GAF (current) = 65

RISKS

When depressed in the past Marie had fleeting suicidal thoughts but was adamant that her faith would keep her from acting on these. She did however become slowed, lost weight and was not able to care for herself well, so stayed with her mother temporarily. Major losses and stressors place her at risk from depressions and there is also some risk of this developing in the post-manic phase. When manic, she placed herself at risk through disinhibited behaviour but always made sure that Jodie was safe by leaving her with her mother or the grandparents. At no point in the recent manic episode was Jodie ever placed at direct risk nor did she appear stressed by her mother's behaviour.

Letter from Mrs Roberts, Social Worker:

Thank you for arranging to meet with me for a preliminary discussion regarding the welfare of Jodie O'Brien (aged 3). As mentioned in our phone conversation, we have received notification from the child's father, Mr Thomas O'Brien, who has stated (in effect) that he believes his wife is unwell and unfit to care for their daughter. Mr O'Brien has in fact requested to take over the child's care. Our Department of course has to follow up all such reports so I do appreciate the chance for an initial briefing with you regarding Mrs Marie O'Brien's mental health status. I look forward to further discussion on this matter.

C. J. Roberts

Claire Roberts (Mrs)
Child Welfare Section
Department of Social Services