Clinical and Forensic Psychology

Assignment: Case study

**Bertie**

**Background**

Bertie (aged nineteen) has a dual heritage, his birth mother is White British and his birth father is believed to be Black African. Bertie’s birth mother had a diagnosis of Bipolar Affective Disorder. She was known to have abused alcohol and to have partners who were violent towards her. When Bertie’s mother was unwell he stayed with various family friends and relatives. When Bertie was two and a half he was accommodated with foster carers. His records state that on entry to care he was developmentally delayed in some areas. However he made significant progress and is described as “bright”. Bertie had two different foster families before being placed for adoption with Mr and Mrs Smith. During his childhood Bertie’s behaviour caused concern. Bertie was described as “always on the go” and prone to aggressive outbursts and temper tantrums. He was diagnosed with Attention Deficit Hyperactivity Disorder when he was eight. Bertie was excluded from school aged fourteen. His relationship with his adoptive parents became increasingly fraught and after an incident where Bertie hit his adoptive mother he went to live in a young people’s hostel aged seventeen. Bertie engaged well with mental health services and he attended an ‘emotional regulation’ group. Over the years Bertie has tried various medications for ADHD but they have had limited impact on his behaviour. Since he turned eighteen Bertie has been living alone in a bed-sit. He does not have a job. Bertie already has a criminal record for common assault and theft of a vehicle and driving without a licence.

**Presenting difficulties**

Last week Bertie was arrested after he seriously assaulted a stranger in a pub. Bertie’s account is that he has been feeling very low in mood and he had gone out for a drink to cheer himself up. He said the stranger had been “looking at me funny” and as he walked past Bertie he had “got too close”. Bertie had felt a strong urge to punch the man. Once he started to Bertie had found himself unable to stop. He said “something in my head told me to do it”. He has been clear in saying that he thinks the incident was not his fault. At his initial mental health assessment Bertie disclosed that he has been having great difficulty sleeping. He is prone to nightmares and to recurring, negative thoughts. He denies any current suicidal ideation but his records indicate that he has previously taken an overdose. Bertie describes his adoptive parents as “stupid” and says he does not want to see them. When asked about his early history Bertie says he cannot remember any details. Bertie’s account of his previous criminal records is that he has been blamed for things he had not done. Bertie presents as a charming young man and willing to engage.

+impulsivity is associated with ADHD

**ADHD medication 70%**

ADHD memory problems, cannot remember his history

<http://www.nhs.uk/Livewell/Blackhealth/Pages/Mentalhealth.aspx>

But people from African and African Caribbean communities, including those of white and black mixed ethnicity, can face additional problems that may affect their mental health.

Everyday life has a big impact on mental health, and black communities in the UK are still more likely than others to experience problems such as bad housing, unemployment, stress and racism, all of which can make people ill.

Some other illnesses have similar symptoms and comorbidity with ADDH.

ADHD have comorbidity with CD p.56 CAR.A p41

Patients with adult ADHD and bipolar disorder can present with similar symptoms and the differential diagnosis offer challenges related to psychiatric comorbidities as well, such as anxiety, mood disorders and substance use (Marangoni, De Chiara L. and Faedda, 2015, p.67).

Most of these common syptoms are present in Bertie's case, plus his mother has Bipolar Affective Disorder, which increase his predisposition. But, I still believe, in Bertie's case Bipolar Affective Disorder is not likely, as manic and psychotic symptoms are not present. He has some internal voices (“something in my head told me to do it"), but it could be just an internal monologue.

There is another issue that might seem to go against the diagnosis of ADHD. Bertie has tried various medications for ADHD, but they have had limited impact on his behaviour. This can be associated with the idea that he has some other psychological disorder (and been misdiagnosed.

However, controlled trials show that 70% of children with ADHD not respond to medications and the effects of medication ceases if psychological interventions have not been provided concurrently with medication (Carr, 2012, p.43).

Bertie might fall into that 30% of children, who did not get the right medication with the appropriate therapy. He attended emotional regulation group, but he might needed different therapy and more social support.

To diagnose someone with ADHD different assessments by multidisciplinary teams are needed (wich has much more information available about his case). As Bertie has already went through this assessment and he has been diagnosed with ADHD and it is very likely that he has ADHD.

Probably the most convincing is in Bertie's case

Marangoni C, De Chiara L and Faedda G.L. (2015) Bipolar Disorder and ADHD: Comorbidity and Diagnostic Distinctions in *Current Psychiatry Reports, 17(8), p.67, DOI:* 10.1007/s11920-015-0604