

## *The Story of Juanito*

Juan is a 15-year-old boy, the second of three children, with a long history of unusual and delayed development. He was born in San Antonio, Texas, but has spent his life growing up in Carrizo Springs, Texas. Juan's parents describe themselves as a "typical Mexican American middle-class family." The parents are fluently bilingual in English and Spanish, but since his birth they have only spoken to "Juanito" in English. The other two children are fluently bilingual, but prefer to only speak English at home and during family activities and outings.

Juan's parents bring him for evaluation because of a worsening in his behavioral functioning. Over the two years before this evaluation, he has become progressively more rigid and inflexible, and his insistence on elaborate routines causes much difficulty. He has no real friends and displays a number of idiosyncrasies. He repeats certain phrases from television over and over and displays a fascination with bits of string and lint. He has collected considerable quantities of these items, which he insists on carrying with him. Any attempt to divert him from this unusual interest leads to agitation with periods of body rocking or head banging.

Upon examination, Juan exhibits an unusual pattern of social relatedness – making eye contact infrequently and seeming relatively uninterested in social interaction. He does not use facial expressions, gestures, or body posture to regulate the interaction and lacks emotional reciprocity. His parents report that he has great trouble sustaining a conversation and is interested in discussing only certain television programs and his string collection. His language is stereotyped and repetitive with a monotonic quality. His parents also report that he exhibits some stereotyped behaviors when excited and tends to adhere to various nonfunctional routines (e.g., he always walks around a chair three times before sitting in it). His affective range is highly constricted and his insight and judgment are poor. No evidence of delusions, hallucinations, or other psychotic phenomena is observed.

Juan was born to a middle-class family after a normal pregnancy, labor, and delivery. According to his mother, as an infant he was undemanding and relatively placid and seemed "different" from the first weeks of life. In contrast to his two siblings, Juan was always much less interested in social interactions. Motor milestones occurred at the expected times, but language development was significantly delayed. There was some concern that Juan might be deaf, but a hearing test indicated normal auditory functions.

Although initially reassured by their family physician that "Juanito is just a late-bloomer," his parents continued to be concerned and, when he was 36 months old, they sought additional evaluations. On examination, Juan exhibited scattered developmental skills with severe delay in language and language-mediated cognitive skills, but with some motor and nonverbal cognitive abilities close to age level. Juan said only a few single words that were used for requests for food rather than for social contact. He was

unable to follow simple requests and had marked difficulties with tasks that involved imitation. Juan was particularly intolerant of change. For example, he insisted that his parents follow exactly the same complicated routine at bedtime each night and became extremely agitated if any change in the usual pattern occurred. He was also very sensitive to the inanimate environment so that, although he often seemed almost completely oblivious to his mother's voice, he would panic when he heard the vacuum cleaner. His play involved simple object manipulation with considerable perseveration. A comprehensive medical evaluation revealed a normal electroencephalogram and computed tomography scan. Genetic screening and chromosome analysis were normal as well. Family history consisted of no apparent language or intellectual delays among first-order relatives.

Juanito was enrolled in an intensive early intervention *Head Start* program at age four where he made gains, particularly in terms of expressive vocabulary. However, his speech was characterized by echolalia, extreme literalness, and a monotonic voice quality. He had particular difficulties with using language in social situations. By first grade, Juan developed more differentiated social skills, but he also developed various self-stimulatory behaviors, especially body rocking and head banging, and a fascination with collecting string. Although he remained extremely sensitive and resistant to change in his environment, uneven but steady progress was observed. Standardized psychological assessment at ten years of age revealed a full-scale score of 65, with considerable scatter in subtest results. By the time Juan was 12, his unusual interests and his difficulty dealing with change had diminished somewhat, and he was mainstreamed for a few class periods a day in public school.

With the onset of adolescence during the past two years or so, however, James's behavior deteriorated, particularly after the onset of seizure disorder at age 14. He became more behaviorally rigid, his childhood interest in collecting unusual materials returned, and it was difficult for him to focus on educational or vocational activities.

## ***DSM-5 Narrative Clinical Diagnosis of Juan***

After carefully examining this case study, please provide a thorough diagnostic **narrative** which includes all of the following elements:

- Primary Mental Disorder with Subtypes and Specifiers
- Secondary Mental Disorder with Subtypes and Specifiers (if necessary)
- ICD-9-CM and ICD-10-CM Codes for the Mental Disorder(s)
- Medical Conditions Relevant to Diagnosis and Treatment
- Psychosocial and Environment Stressors Relevant to Diagnosis and Treatment
- Cultural Considerations and Formulation

Be careful to accurately write out the entire diagnostic name, including all necessary subtypes and specifiers. An appropriate clinical diagnosis is written in narrative format with a treatment-oriented implied objective.

Juan, a 15-year-old middle child in a family of three children, demonstrated significant intellectual delays and inabilities since prior to the age of three years. He has demonstrated persistent deficits in social communication and social interaction across multiple contexts. He has no real friends and displays a number of idiosyncrasies, and he has difficulty using language in social situations. “His affective range is highly constricted and his insight and judgment are poor.” Juan has an “unusual pattern of social relatedness – making eye contact infrequently and seeming relatively uninterested in social interaction. He does not use facial expressions, gestures, or body posture to regulate the interaction and lacks emotional reciprocity. His parents report that he has great trouble sustaining a conversation and is interested in discussing only certain television programs and his string collection. Juan has demonstrated restrictive, repetitive patterns of behavior, interest, or activities, as evidenced by “echolalia, extreme literalness, and a monotonic voice quality.” Additionally, his “language is stereotyped and repetitive with a monotonic quality. His parents also report that he exhibits some stereotyped behaviors when excited and tends to adhere to various nonfunctional routines.” Juan has great difficulties with tasks that involved imitation, and he is particularly intolerant of change. His behavior has recently become “more rigid and inflexible, and his insistence on elaborate routines causes much difficulty.” “He repeats certain phrases from television over and over and displays a fascination with bits of string and lint. He has collected considerable quantities of these items, which he insists on carrying with him. Any attempt to divert him from this unusual interest leads to agitation with periods of body rocking or head banging.” Therefore, the primary diagnosis for Juan is **Autism Spectrum Disorder, Level 2, Requiring Substantial Support**, with accompanying intellectual impairment, and with accompanying language impairment. The ICD-9-CM code is 299.00 and the ICD-10-CM code is F84.0.

Juan has a history of “scattered developmental skills with severe delay in language and language-mediated cognitive skills,” and he was unable to follow age-appropriate directions or engage in planning and reasoning. At the age of ten years, a full scale score of 65 was obtained from Juan on a standardized intelligence test. This score places Juan at least two and a half standard deviations below the mean score of 100; the equivalent of less than the first percentile. Juan has not met the developmental and sociocultural

standards for personal independence and social responsibility. His adaptive deficits severely limit functioning in communication, social participation, and independent living across multiple environments. Therefore, a secondary diagnosis is **Intellectual Disability, Mild**. The ICD-9-CM code is 317 and the ICD-10-CM code is F70.

Within the past year, Juan has developed a Seizure Disorder (ICD-9-CM: 345.9 & ICD-10-CM: R56.9). Although the results of his brain scans and genetic testing were normal, the recent onset of this medical condition would certainly affect his behavior.

Furthermore, as with any young teen, Juan has recently gone through puberty and is now in the throes of adolescence. The recent onset of adolescence and the Seizure Disorder can also be considered psychosocial and environment stressors that are important considerations when diagnosing and treating Juan.

Juan is from a middle-class family of Mexican descent in rural South Texas. His family is bilingual in English and Spanish, and he lives in a community where a large portion of the population is fluently bilingual. However, the presence of two different languages in his environment is not very likely to have influenced or affected his language delays and impairments. His social, interpersonal, communication and stereotyped behaviors are not better explained through cultural phenomena or culturally-sanctioned practices and rituals.

## Diagnostic Simplification

Autism Spectrum Disorder, Level 2, Requiring Substantial Support 299.00; ICD-9-CM (F84.0; ICD-10-CM)

Intellectual Disability, Mild 317; ICD-9-CM (F70; ICD-10-CM)

Seizure Disorder 345.9; ICD-9-CM (R56.9; ICD-10-CM)

Onset of adolescence (*Phase of Life Problem*) V62.89 (Z60.0)

Onset of seizure disorder (*Other Personal Risk Factor*) V15.89 (Z91.89)

Behavioral and emotional symptoms not better explained through cultural phenomena or culturally-sanctioned practices and rituals