

Clinical Vignette: Personality Disorders

You are a GP in a busy suburban practice.

Kylie is a 25 year old single mum who attends a consultation with you to “try to get some help” for her daughter Emily who is 10 years old and who she has brought with her to the consultation.

Kylie identifies that problems with her daughter occur both at home and at school. At school Emily is often in trouble, getting suspended or sent to time out, has a very limited number of friends, is being teased and excluded and getting unsatisfactory marks. At home her Emily is defiant, doesn't do what she is told, refuses to participate with chores or reasonable requests, yells, shouts, swears, throws things and has punched holes in walls.

Kylie stated that she currently feels overwhelmed trying to look after her daughter, feeling that Emily constantly wants attention and will do nothing that she says. Kylie feels persecuted by her daughter and tries to escape by locking herself in her room or locking her daughter out of the house. Kylie has been cutting herself “to relieve stress”. Kylie overdosed 2 weeks ago and was managed in the emergency department of a tertiary referral hospital and discharged with ACIS follow-up. ACIS came on a home visit but Kylie did not open the door. Kylie says that she feels constantly run down, tired and miserable. She has tried many different antidepressants in the past but “none of them helped”. She has no family support or wider social network. She has tried counselling but feels “this was useless”.

Kylie is a full time mum and is on a parenting payment, living in housing trust accommodation. Kylie's own parents broke up before she was born and she grew up with a stepfather who was sexually abusive. Kylie met Emily's father when she was 14 and he was 25. Kylie ran away from home with him and was pregnant within 6 months. She volunteered that Emily's father was diagnosed with bipolar disorder, abused substances including marijuana and amphetamines and there was domestic violence in their relationship. He committed suicide when Emily was 5. Kylie and Emily's father had broken up prior to his suicide and he broke into the home and hung himself in the living room. Emily found the body on coming home from school. Kylie has never discussed this with Emily but identified that this is where her behavioral problems began. Kylie became overwhelmed and teary when discussing this and said that she feels she still hasn't gotten over it herself.

Questions for consideration:

1. What is your own emotional reaction to this scenario?
2. How do we conceptualise this case in a medical framework? What alternative conceptual frameworks are there?
3. What would be an appropriate differential diagnosis?
4. How would you approach trying to help both mother and daughter?
5. What anxieties could arise in a GP trying to manage a case like this?
6. In terms of management, where do you start?
7. What are the wider systems issues?